

Name in Full <b>Patrick. Atkinson</b>		CERTIFICATE OF DEATH	
Died at <b>Midland</b> <small>Town</small>		<b>Alligany</b> <small>County</small>	
Date of death <b>1905</b> <small>Month</small> <b>Jan</b> <small>Day</small> <b>15</b> <small>Age</small> <b>27</b> <small>Years</small> <b>3</b> <small>Months</small> <b>8</b> <small>Days</small>		MARYLAND	
Sex <b>Male</b>		Color or Race <b>White</b>	Birth-place <b>Perkin</b>
Occupation <b>Bar-keeper</b>		Where Residing if not at place of death <b>—</b>	
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>	
Father's Name <b>John Atkinson</b>		Father's Birthplace <b>Ireland</b>	
Mother's Maiden Name <b>Mary Druehan</b>		Mother's Birthplace <b>Pa</b>	
Name of person giving information <b>Wm. Atkinson</b>		How related to deceased <b>Brother</b>	
CAUSES OF DEATH			
Primary <b>Endo-Carditis</b> <b>79</b> ✓		How long <b>79 years</b>	
Immediate <b>Heart-Failure</b>		How long <b>Suddenly</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>W. B. Kelling</b>	
		Address <b>Lima, Pa.</b>	
Accident or Suicide? <b>No</b>			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Catharine Barley

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Cumberland

County

Accquing

Date

of death 1905

Month

1

Day

27

Age

Years

62

Months

—

Days

—

Sex  
Occupation

Female

Color or  
Race

White

Birth  
place

Ahlbergburg Pa

Where Residing If not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Thomas Barley

Father's  
Name

Francis Heber

Father's  
Birthplace

Persim

Mother's  
Maiden Name

Mary Meyers - 79

Mother's  
Birthplace

" "

Name of parson giving  
In formation

D. Barley -

How related  
to deceased

## CAUSES OF DEATH

Primary

Mitral Regurgitation

How long

Do not know

Immediate

Exhaustion

How long

" "

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

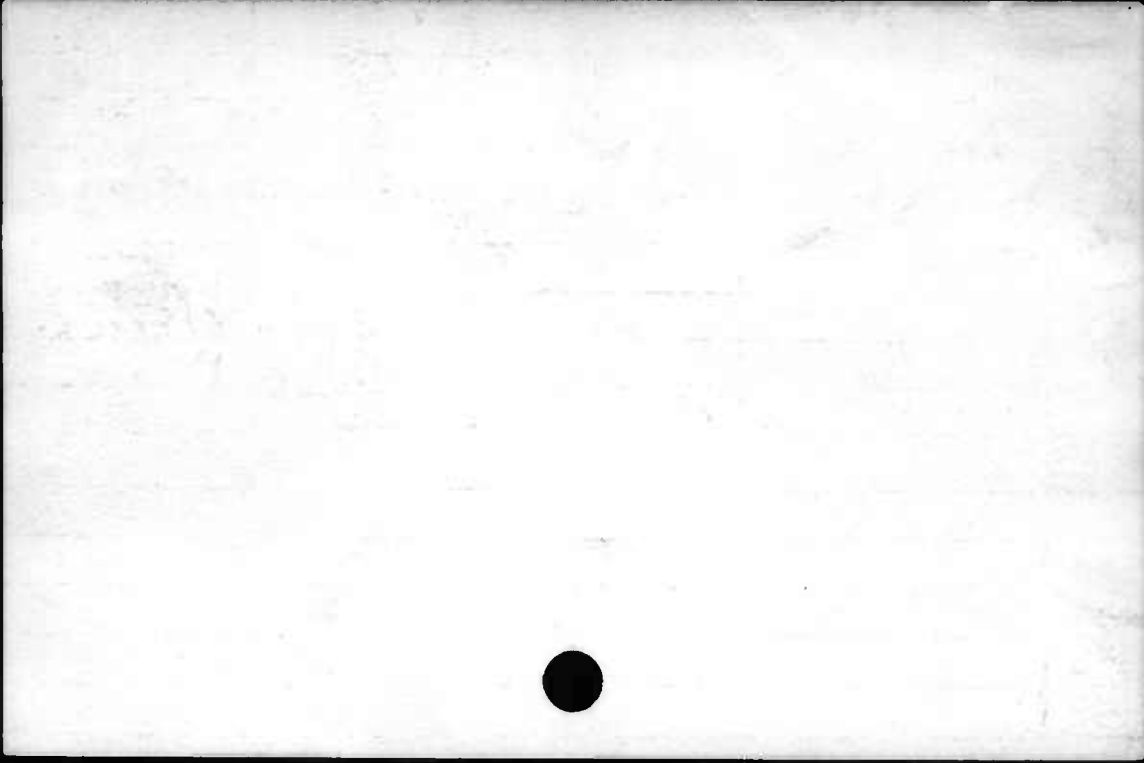
J. L. Carder  
Cumberland  
Md

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1



Name  
in  
Full

Mary Alice Bean

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frostburg		County Allegany		MARYLAND	
Date of death 1905		Month 1	Day 13	Age	Years	Months 2	Days 24
Sex X F		Color or Race W.		Birth- place Md.			
Occupation Child				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Maurice Bean				Father's Birthplace England			
Mother's Maiden Name Nellie V. Hirschberger				Mother's Birthplace W. Va			
Name of person giving information Father				90		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Capillary Bronchitis.	How long	
Immediate		How long	3 Days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. W. M. Lane
		Address	Frostburg Md
Accident or Suicide?			

Isom

allying

Name  
in  
Full

George Blacher

CERTIFICATE OF DEATH

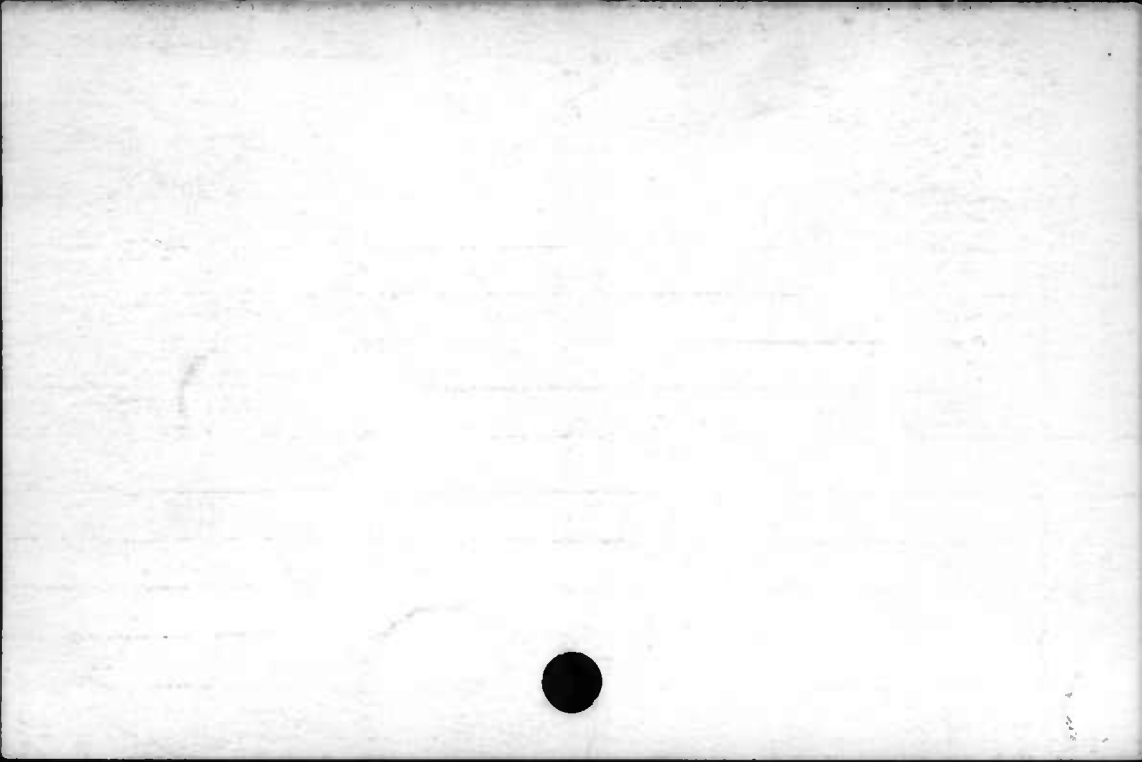
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtland</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death <i>1900</i>	Month <i>1</i>	Day <i>13</i>	Age <i>62</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>Bank Watchman</i>	Where Residing If not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>—</i>	Father's Birthplace <i>—</i>		Mother's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>	64 ✓		How related to deceased <i>—</i>		
Name of person giving information <i>—</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Congestion of the Brain</i>	How long <i>10 days</i>
Immediate <i>" of Lung</i>	How long <i>12 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. F. Surges</i>
	Address <i>Cumtland</i>
Accident or Suicide? <i>—</i>	<i>MD</i>





Name in Full		Bluebough Alley				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Throstling</u>		County <u>Alley</u>		MARYLAND						
	Date of death	1905	Month	May	Day	21	Age	Years	Months	10	10
	Sex	Male		Color or Race	White		Birthplace	Throstling Md			
	Occupation				Where Residing if not at place of death						
	Married, Single or Widowed				Name of Wife or Husband						
	Father's Name				Father's Birthplace						
	Mother's Maiden Name				Mother's Birthplace						
Name of person giving information		Mother Alice Bluebough				How related to deceased		Mother			
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary		Degenerative changes after one hour				How long				
	Immediate		Coma				How long				
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Address				
							Throstling Md				
	Accident or Suicide?										



Name in Full *Margaret Eliz Bonie*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Cumberland Md* County *Accompany*

Date of death *1905* Month *3* Day *7* Age *—* Years *—* Months *3* Days *—*

Sex *Female* Color or Race *White* Birthplace *Cumhd.*

Occupation *Infant* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *R. Stanley Bonie & Catherine*

Father's Name *R Stanley Bonie* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *G. L. B.* How related to deceased *71 V*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Spasms* How long *24 hours*

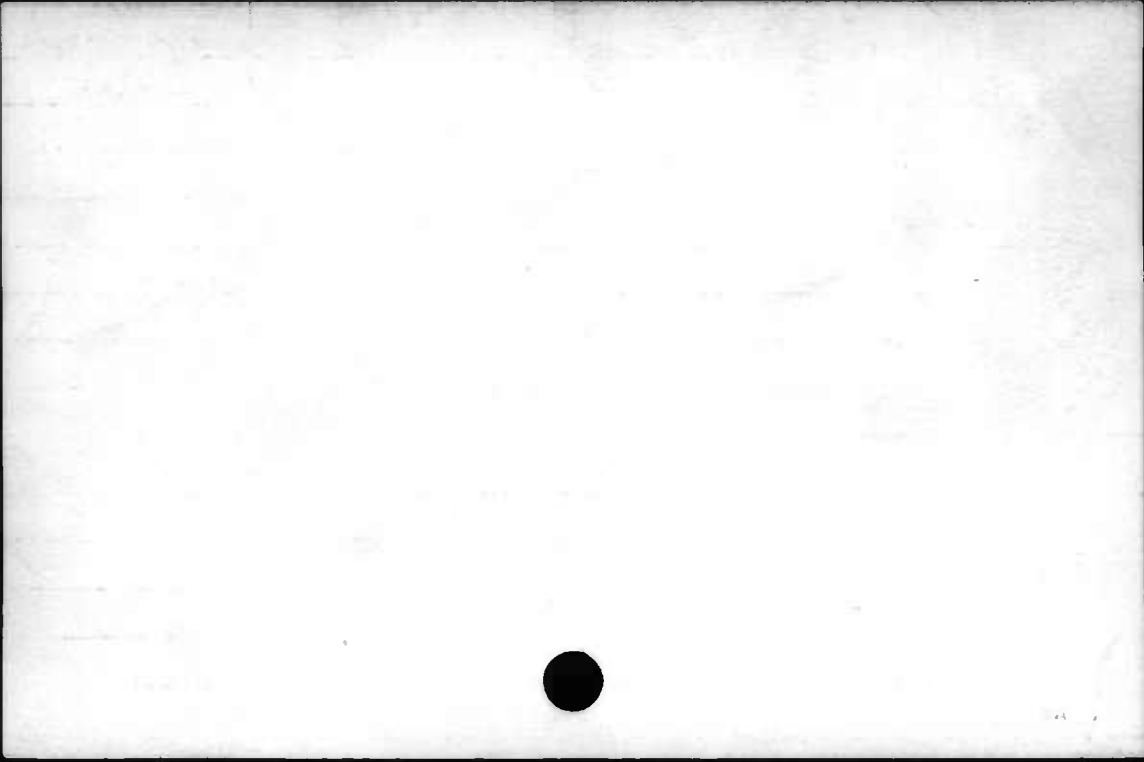
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *G. H. Brace*

Address *Cumhd*

Accident or Suicide? *—*



Name in Full <b>Jacob B. Brode</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Town Frostburg</b>		County <b>Allegheny</b>
	Date of death <b>1905</b>		Month <b>1</b> Day <b>25</b> Age <b>2</b> Years <b>7</b> Months <b>7</b> Days <b>—</b>
	Sex <b>M.</b>		Color or Race <b>W.</b>
	Occupation		Birth-place <b>Md</b>
	Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband
	Father's Name <b>Solomon Brode</b>		Father's Birthplace <b>Md</b>
Mother's Maiden Name <b>Kate Merrigill</b>		Mother's Birthplace <b>Md</b>	
Name of person giving information <b>Father</b>		How related to deceased <b>9</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER <b>1</b>	Primary <b>Laryngeal Diphtheria.</b>		How long <b>3 Days</b>
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>W. M. Lane</b>
			Address <b>Frostburg Md</b>
Accident or Suicide?			

1  
1  
S. H. H.

1  
1



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Henry Burdett* Town *Mt. Savage* County *Allegheny*

Died at *Mt. Savage* *Allegheny* **MARYLAND**

Date of death 1905 Jan 15 Age 1 Months 3 Days

Sex *Male* Color or Race *White* Birth-place *Mt. Savage Md.*

Married, Single or Widened *Single* Occupation *none*

Name of Wife or Husband \_\_\_\_\_

Father's Name *Jas. E. Burdett* Father's Birthplace *Mt. Savage Md.*

Mother's Maiden Name *Marv V. Tucker* Mother's Birthplace *Washington D.C.*

Name of person giving information *Jas. E. Burdett* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia* 93 ✓ How long *10 days*

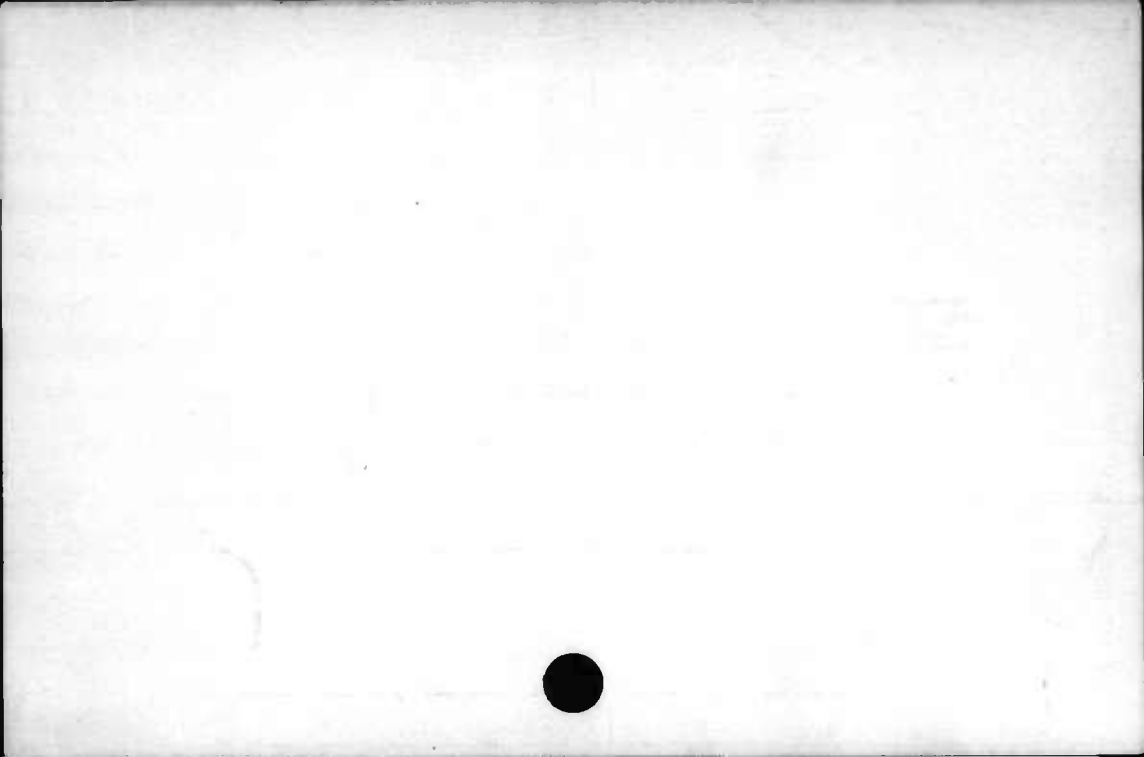
Immediate *Cardiac syncope* How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Edw. J. Tucker*

Address *Mt. Savage Md.*

Accident or Suicide? ☐





Name  
in  
Full

Bliss Cannon

## CERTIFICATE OF DEATH

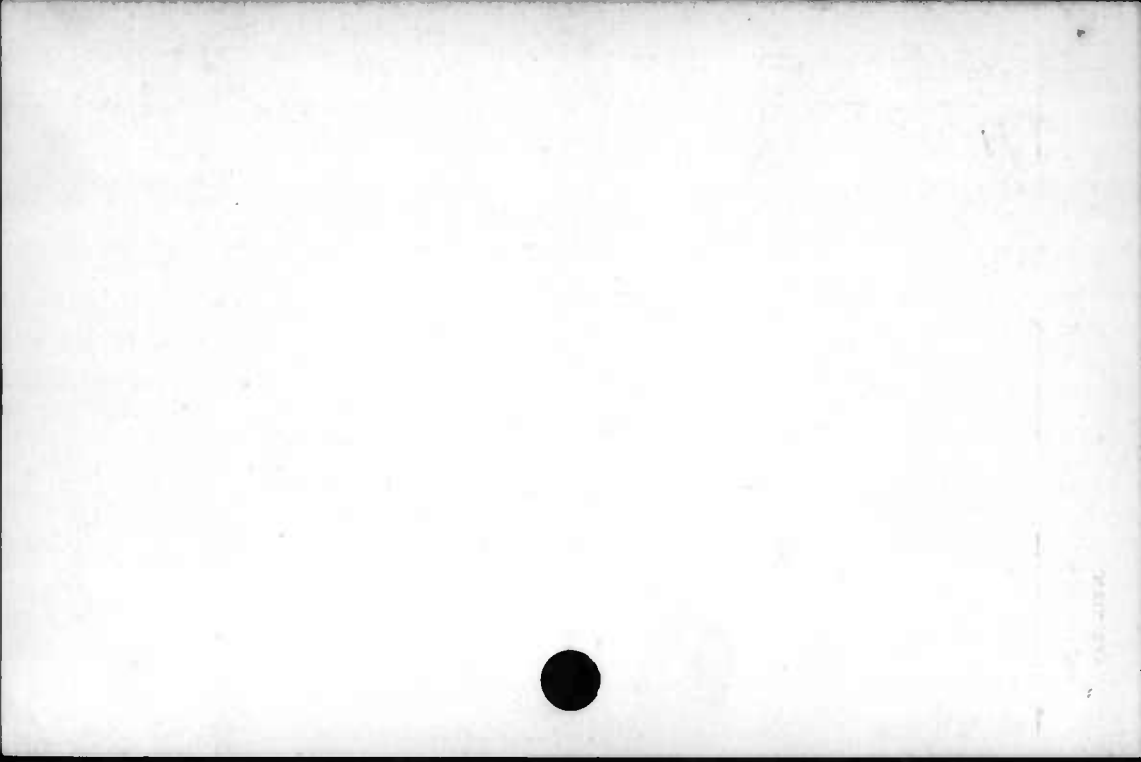
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bir</u> <sup>Town</sup>		<u>Allegh.</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1905</u>	Month	<u>Jan</u>	Day	<u>12</u>
		Age	<u>17</u>	Years	<u>9</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birthplace	<u>W. Va.</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband <u>X</u>		
Father's Name <u>John Cannon</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Jane Foley</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Dr. C. Hoffman</u>			How related to deceased <u>—</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis of hip</u>	How long	<u>4 yrs</u>
Immediate	<u>Debility</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Dr. C. Hoffman</u>	
		Address <u>Keyser, W. Va.</u>	
Accident or Suicide? <u>—</u>			



Name  
in  
Full

Hannah May Chesshire

CERTIFICATE OF DEATH

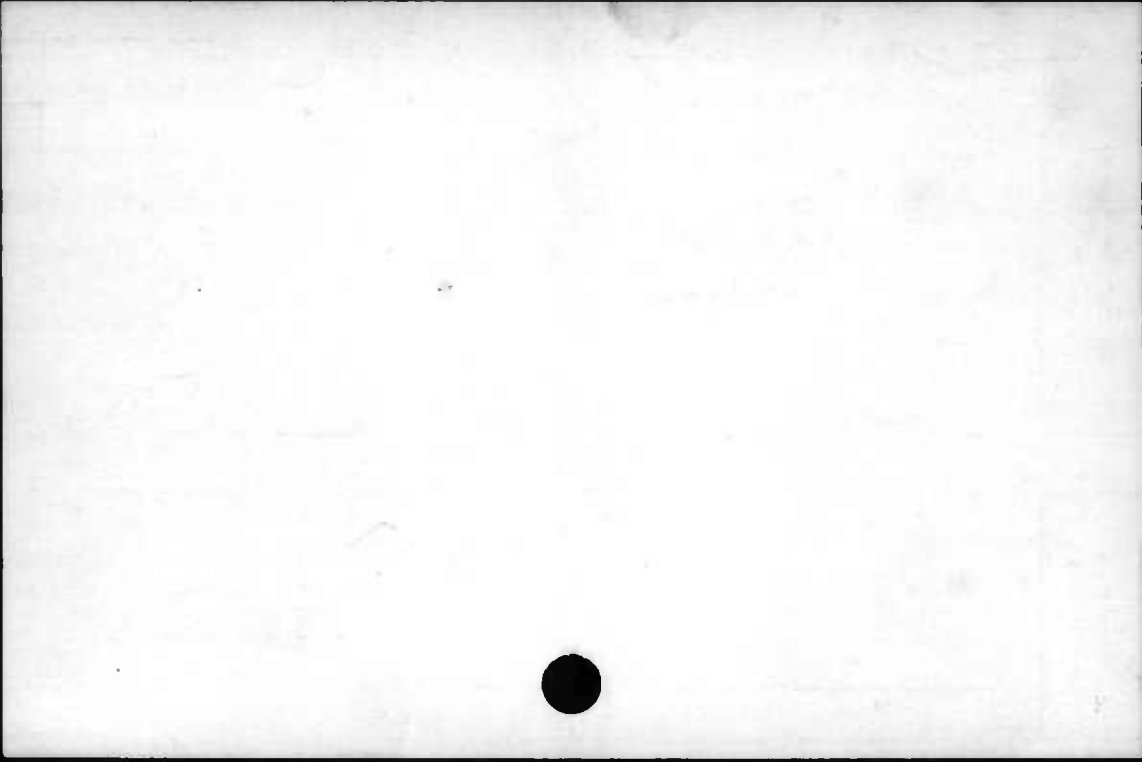
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sumner</u> Town		County <u>Wayn</u>		MARYLAND	
Date of death	1905	Month	July	Day	28
Age		Years		Months	
21					
Sex	Female		Color or Race	White	
Birth-place	Md				
Occupation	Wife		Where Residing if not at place of death		
			—		
Married, Single or Widowed	Married		Name of <del>Wife</del> Husband	W. D. Chesshire	
Father's Name	Charles H. Durrall			Father's Birthplace	va
Mother's Maiden Name	Ella Nixon			Mother's Birthplace	Md
Name of person giving information	Charles H. Durrall			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Puerperal Mania 140	How long	10 days
Immediate	Exhaustion	How long	3 "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<i>[Signature]</i>
		Address	Cumberland Md
Accident or Suicide?	no		



Name  
in  
Full

Ed Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Louisa</i>		Town <i>Louisa</i>		County <i>Allegany</i>		STATE OF <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>Nine</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Louisa</i>				
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Robt Clark</i>				Father's Birthplace <i>Boston</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Edward Jones</i>				How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Scarlet fever</i>	How long <i>Five days</i>
Immediate <i>W. meningitis</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Kelling</i>
	Address <i>Louisa</i>
Accident or Suicide? <i>No</i>	



Name in Full		Grace Corner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cammda</i> Tcwn			County <i>alligen</i>		MARYLAND	
	Date of death <i>1905</i>		Month <i>July</i>	Day <i>14</i>	Age <i>1</i>	Years <i>7</i>	Months <i>7</i>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cammda</i>		
	Occupation <i>—</i>				Where Residing If not at place of death <i>—</i>		
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>W. S. Corner</i>				Father's Birthplace <i>Va</i>		
	Mother's Maiden Name <i>Emma Corner</i>				Mother's Birthplace <i>Kentucky</i>		
	Name of person giving information <i>W S Corner</i>				How related to deceased <i>93 Father</i>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Lobar pneumonia &amp; cerebral meningitis</i>				How long <i>25 days</i>		
	Immediate <i>Cardiac exhaustion</i>				How long <i>11 days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>				Signature of Physician <i>Edward Harris</i>		
					Address <i>88 Bedford St., Cumberland Md.</i>		
	Accident or Suicide? <i>62 Min St.</i>						





Name  
in  
Full

John Franklin Cook

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Cumtobury* TownCounty *Allegheny*Date  
of death *1905*Month *Jan*Day *31*

Age Years

Months *8*Days *21*Sex *male*Color or  
Race *white*Birth-  
place *Cumtobury*Occupation *child*Where Residing if not  
at place of death *-*Married, Single  
or Widowed *Single*Name of Wife or  
HusbandFather's  
Name *H. J. Cook*Father's  
Birthplace *W. Va.*Mother's  
Maiden NameMother's  
Birthplace *W. Va.*Name of person giving  
In formation *J. H. Jackson*How related  
to deceased

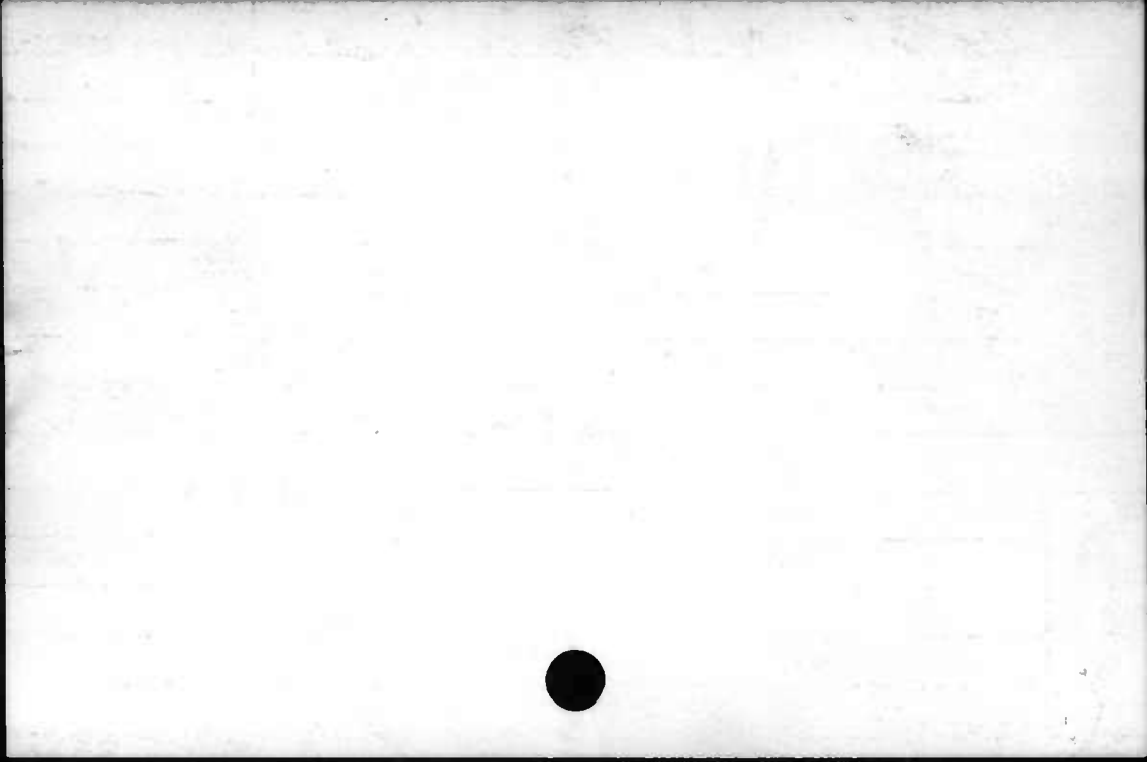
## CAUSES OF DEATH

Primary *Broncho Pneumonia*How long *10 days*Immediate *Shunt*How long *four days*Are the name, age, sex, color, date  
and place correctly given above? *JK*Signature of  
Physician *J. H. Jackson*Address *Cumtobury*

Accident or Suicide?

PHYSICIAN  
OR CORONER

1



Name

In

Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frostburg</i> <sup>Town</sup>		<i>Allegh</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	Month <i>January</i>	Day <i>25</i>	Years <i>47</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Frostburg Md</i>		
Occupation <i>Miner</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>Kate Reader</i>				
Father's Name <i>Wm Crump</i>	Father's Birthplace <i>Wales</i>				
Mother's Maiden Name <i>Elizabeth Evans</i>	Mother's Birthplace <i>Wales</i>				
Name of person giving information <i>Have known them for years</i>	How related to deceased <i>—</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>64</i> <input checked="" type="checkbox"/>
Immediate	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J Griffiths</i>
	Address <i>Frostburg Md</i>
Accident or Suicide? <i>—</i>	

J. F. & H. and Co

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Name  
in  
Full

Mary E Dayton

## CERTIFICATE OF DEATH

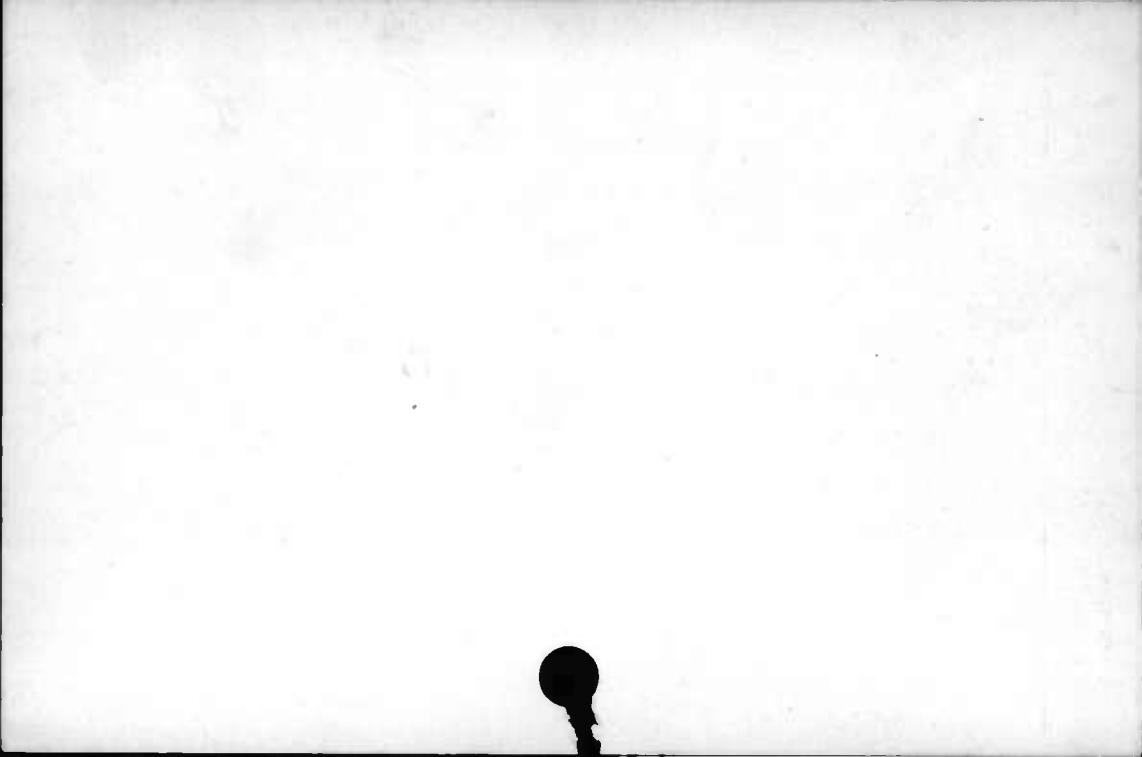
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>McCool</u> <sup>Town</sup>		<u>Allen</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1905</u>	Month	<u>Jan</u>	Day	<u>29</u>
Age		<u>15</u>	Years	<u>11</u>	Months
Sex		<u>Female</u>	Color or Race	<u>white</u>	Birthplace
Occupation		<u>h.w.</u>	Where Residing if not at place of death		
Married, Single or Widowed		<u>married</u>	Name of Wife or Husband <u>Rev Roland Dayton</u>		
Father's Name		<u>—</u>	Father's Birthplace <u>Germany</u>		
Mother's Maiden Name		<u>—</u>	Mother's Birthplace <u>Germany</u>		
Name of person giving information		<u>C E Hoffman</u>		How related to deceased <u>uncle</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORNER

Primary	<u>Chronic Brights Disease</u>	How long	<u>Several mos</u>
Immediate	<u>Heart failure</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	
Signature of Physician		<u>C E Hoffman</u>	
Address		<u>Keyser W Va</u>	
Accident or Suicide? <u>—</u>			



Name  
in  
Full

Emma Jane Dennison

## CERTIFICATE OF DEATH

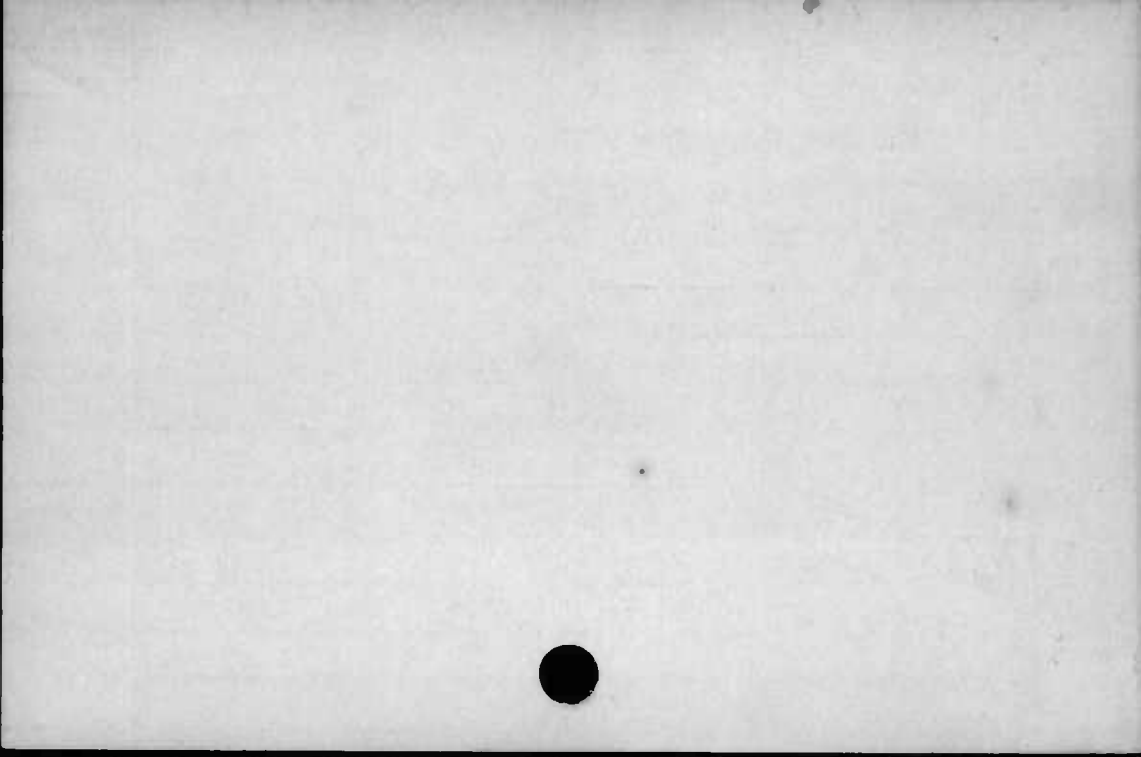
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cumberland		<sup>County</sup> Allegany		MARYLAND	
Date of death 1905	Month Jan.	Day 5th	Age 24	Months	Days
Sex Female		Color or Race White		Birth-place Maryland	
Occupation Nurse			Where Residing if not at place of death		
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Francis M. Dennison			Father's Birthplace Maryland		
Mother's Maiden Name Lethia Hamilton			Mother's Birthplace Maryland		
Name of person giving information Phillip S. Athey			How related to deceased Brother-in-law		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pulmonary tuberculosis	How long 8 mos
Immediate Asphyxia	How long 16 hours
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. R. Hodges,
	Address Cumberland, Md.
Accident or Suicide?	





Name  
in  
Full

Agnes L. Dillan

CERTIFICATE OF DEATH

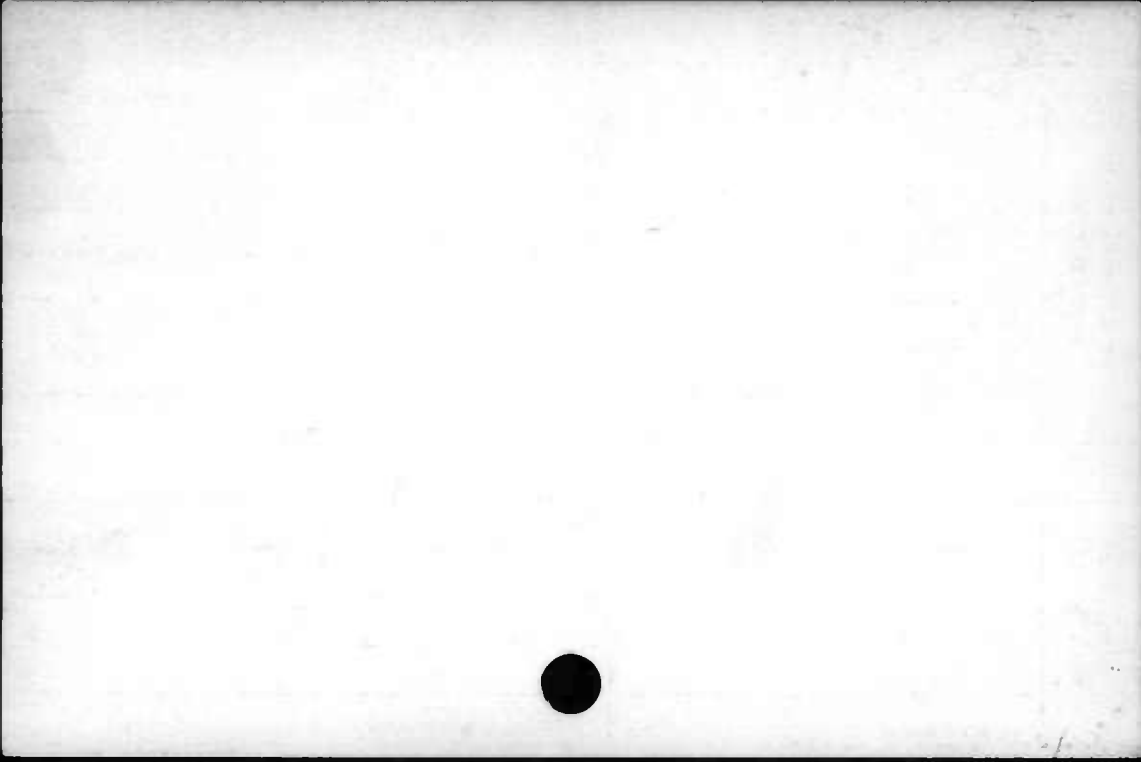
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Amberland</u> <sup>Town</sup>			<u>Allegany Co</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>5</u>		Month <u>1</u>	Day <u>9</u>	Age <u>39</u> <sup>Years</sup>	Months	Days
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Married</u>				Occupation <u>Wife</u>		
Name of Wife or Husband <u>William Dillan</u>						
Father's Name <u>James Thompson</u>				Father's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Anna Stacia Burnett</u>				Mother's Birthplace <u>Washington D.C.</u>		
Name of person giving information <u>William Dillan</u>				How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN  
OR  
CORONER

Primary <u>Hodgkin's Disease 53</u>		How long <u>4 years</u>
Immediate <u>(Pressure) Exhaustion</u>		How long <u>Several weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. M. Lockman</u>
		Address <u>Amberland Md.</u>
Accident or Suicide? <u></u>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Wm Goetzen</i>			Town <i>Cumtola</i>		County <i>accog</i>		MARYLAND		
Died at		Date of death		Age		Months		Days	
1905		Jan		12		29		—	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>					
Occupation <i>Line man</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>Dr Henry Goetzen</i>				Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Amie Pedenbrink</i>				Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Henry Goetzen</i>				How related to deceased <i>Father</i>					

## CAUSES OF DEATH

Primary *Tuberculosis of brain* ☒ How long *28* *years*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above?

*Stein*

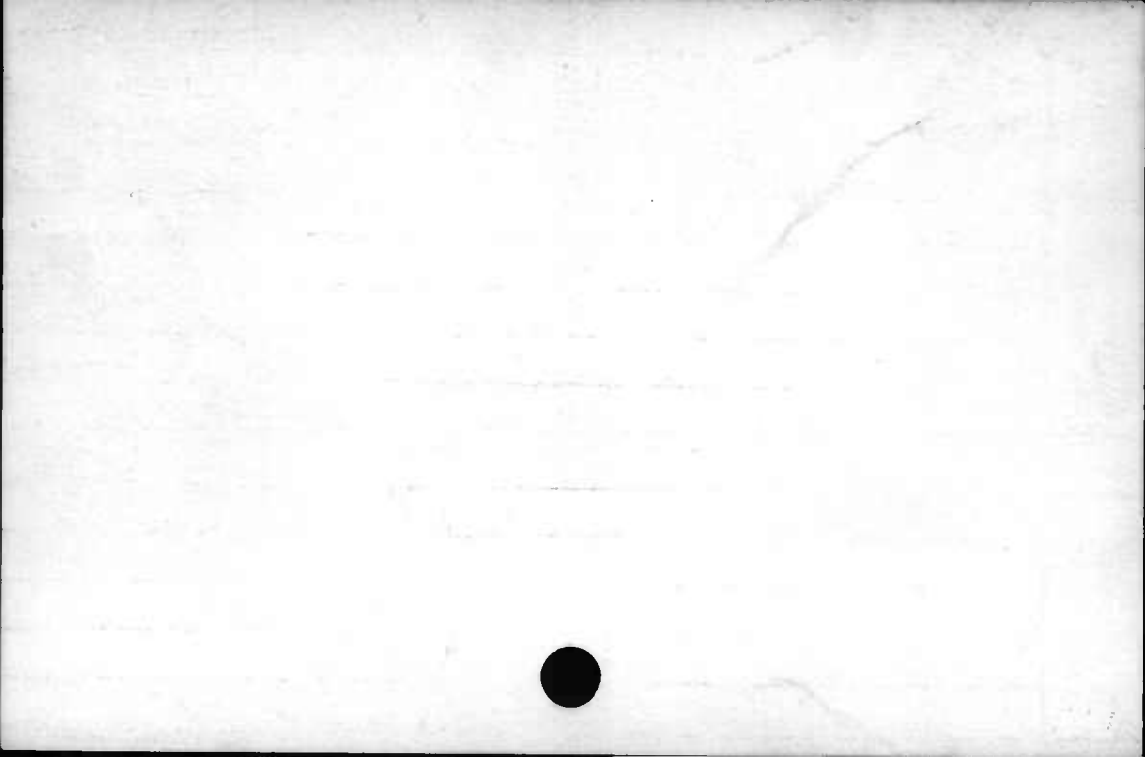
Signature of Physician

Address

*W. W. Wiley*  
*Dr Wiley*  
*Green mountain*

Accident or Suicide? ☒PHYSICIAN  
OR CORONER

1



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Rachael Smith Guy.</b>		Town <b>Westernport</b>		County <b>Allegheny</b>		MAYLAND	
Died at <b>Westernport</b>		Month <b>1</b>		Day <b>18</b>		Age <b>43</b>	
Date of death <b>1906</b>		Month <b>1</b>		Day <b>18</b>		Months <b>1</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birthplace <b>Maryland.</b>		Days <b>17</b>	
Occupation <b>Housewife</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Samuel Guy.</b>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <b>Samuel Guy</b>		How related to deceased <b>Husband</b>					

## CAUSES OF DEATH

Primary **Arteriosclerosis of heart + chronic nephritis**  
**Infiltration of lungs from asth**  
 Immediate **ma. infarction of heart and chronic nephritis**

How long **about 15-20 years**  
 How long **3 months**

Are the name, age, sex, color, date and place correctly given above?

**yes**

Signature of Physician

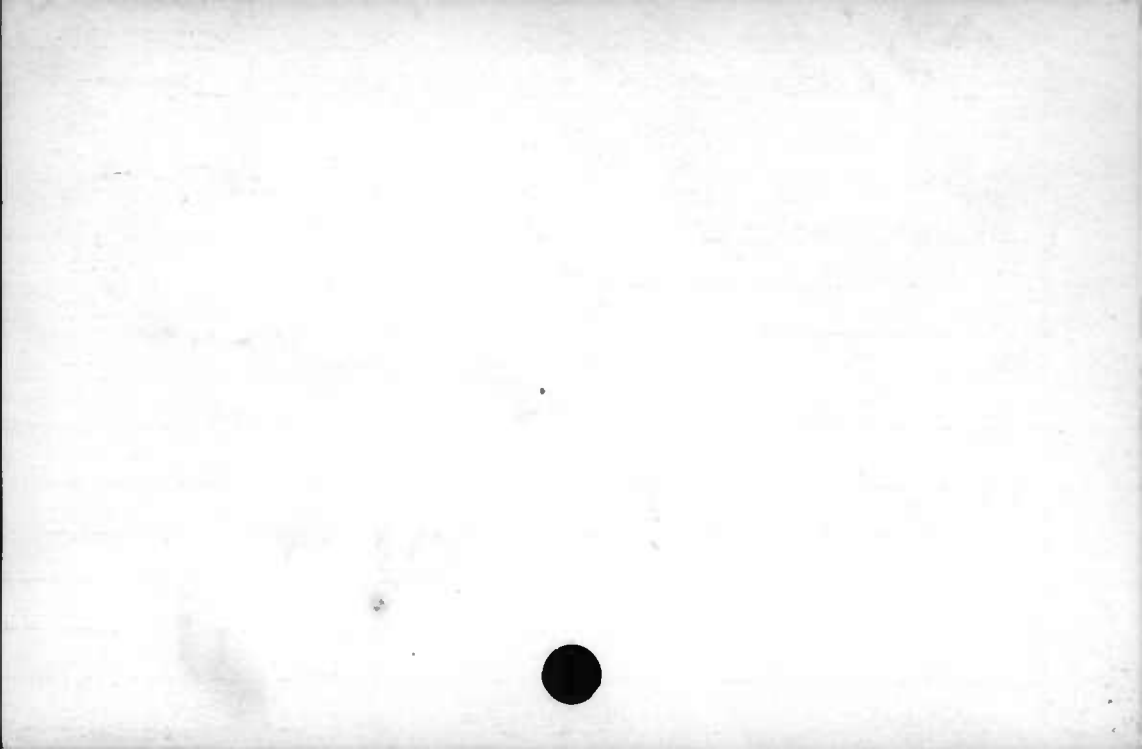
Address

**E. H. Parsons**  
**Piedmont W. Va.**

Accident or Suicide?

**no**PHYSICIAN  
OR CORONER

1



Name  
in  
Full

Marguerite Hall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Cumtola* TownCounty *Alleghie*Date of death *190 J*Month *January*Day *18*Age *20* YearsMonths *—*Days *—*Sex *Female*Color or Race *White*Birth-place *Ind*Occupation *Domestic*Where Residing if not at place of death *—*Married, Single or Widowed *Single*Name of Wife or Husband *—*Father's Name *John Hall*Father's Birthplace *Ind*Mother's Maiden Name *Dead*Mother's Birthplace *—*Name of person giving information *Mrs James Ritchie*How related to deceased *none*

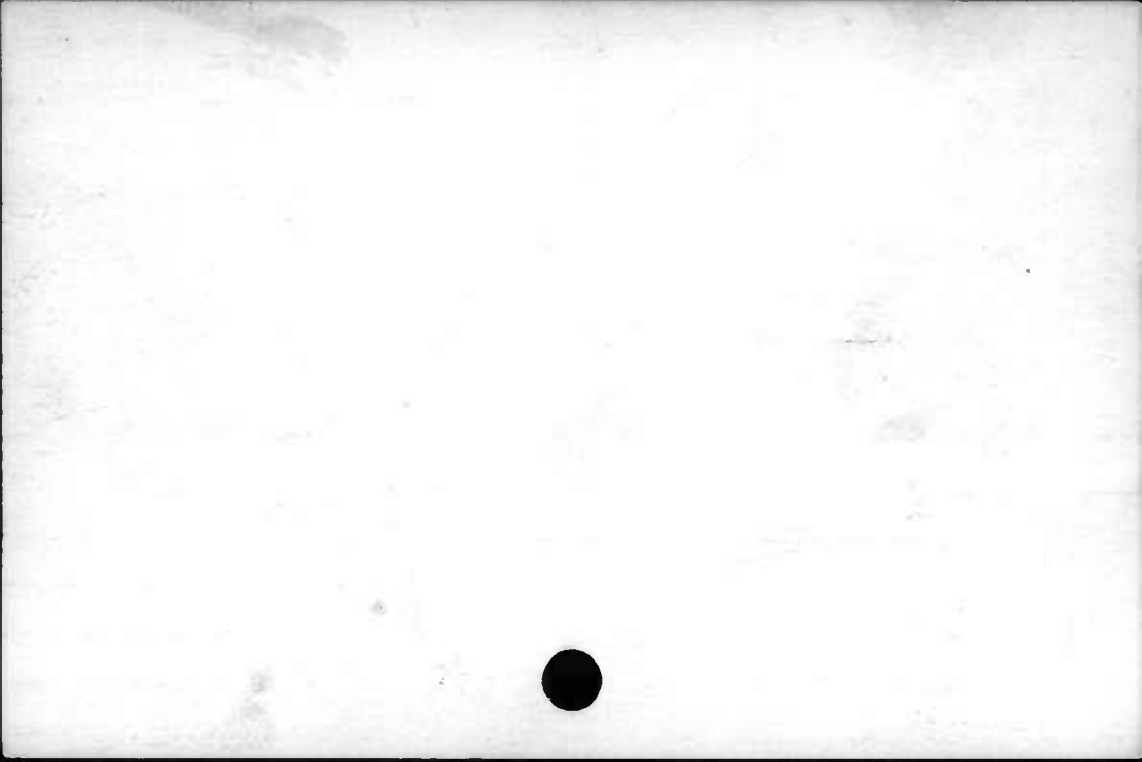
## CAUSES OF DEATH

Primary *Pelvic Peritonitis with adhesions*How long *Several Months*Immediate *Post-operative Peritonitis*How long *2 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Chas. C. Claybrook*Address *Cumtola Ind*

Accident or Suicide?

PHYSICIAN  
OR CORONER

1





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *infant H. S. Hammersmith* Town *Amberland* County *Alleghany* MARYLAND

Died at *Amberland* *Alleghany*

Date of death *1905 Jan 26* Age *—* Years *—* Months *—* Days *1*

Sex *male* Color or Race *white* Birth-place *MD*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Wm Hammersmith* Father's Birthplace *MD*

Mother's Maiden Name *Maggie Davis* Mother's Birthplace *Wales*

Name of person giving information *Mrs Jno Davis* How related to deceased *Grandmother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

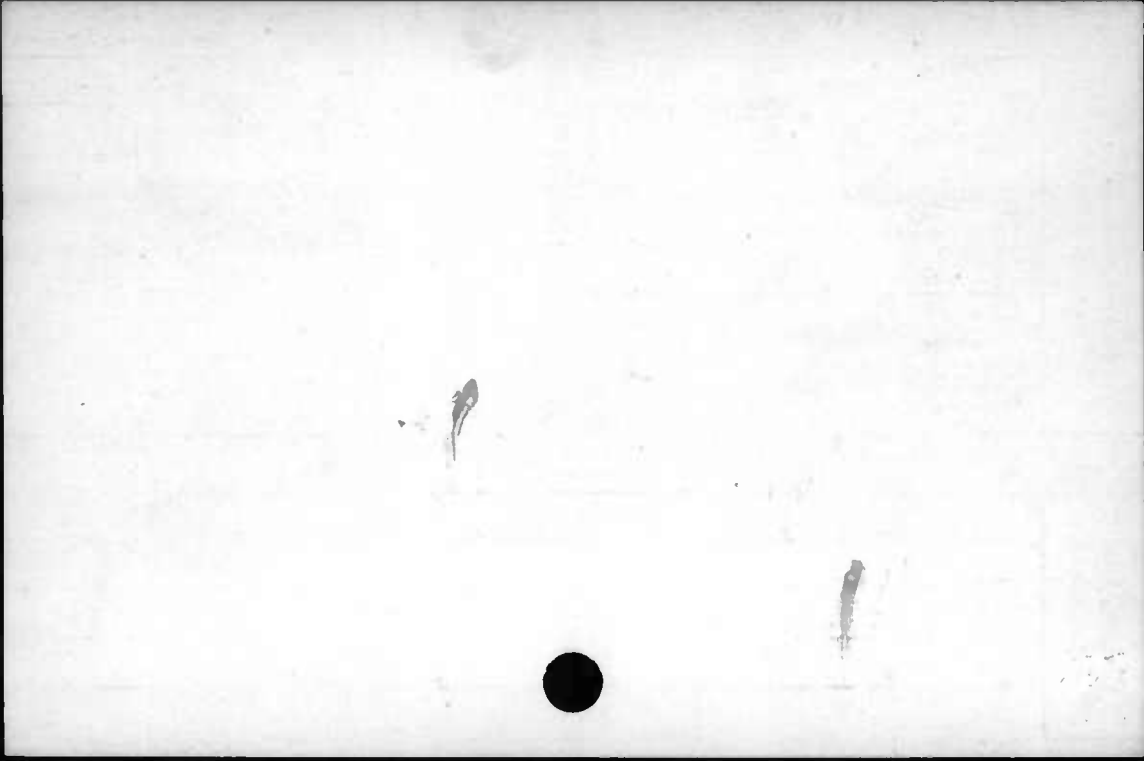
Primary *Hardy Labor 170* How long *—*

Immediate *Exhaustion* How long *18 hours*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *W. H. Brace* Address *W. H. Brace MD*

Accident or Suicide? ☐



Name  
in  
Full

Still birth

5 months

Hoffman

## CERTIFICATE OF DEATH

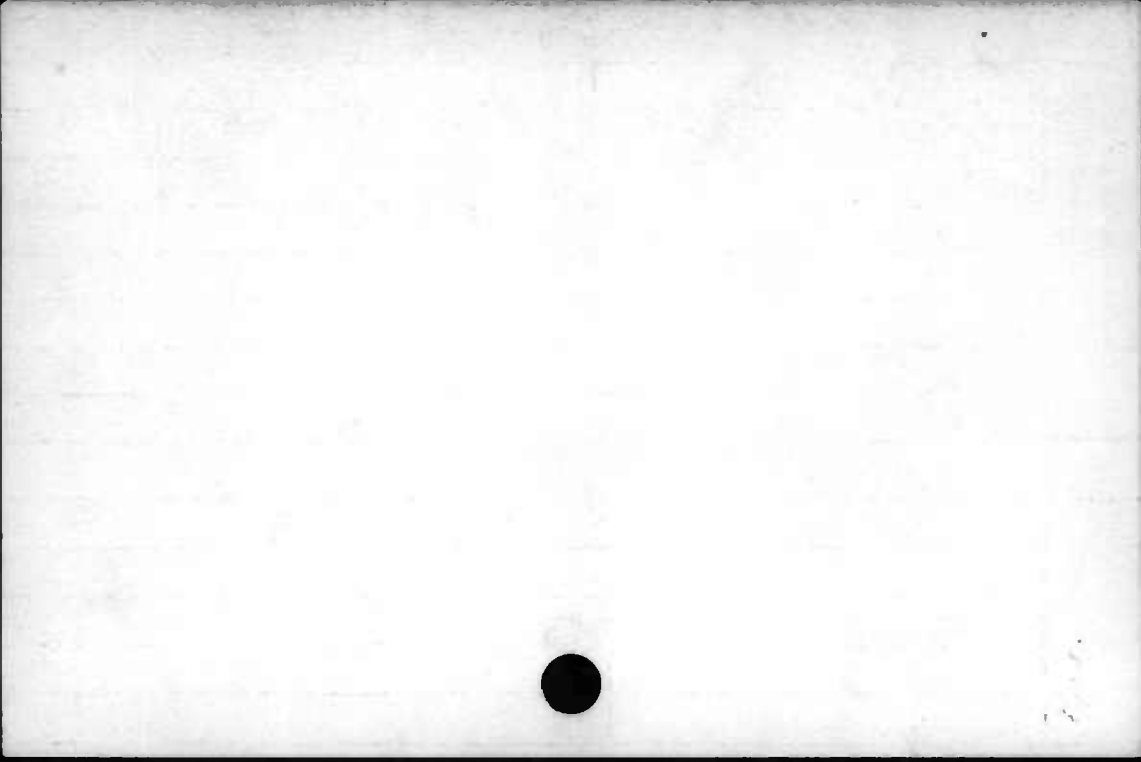
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumhdland</i>		Town <i>allegany</i>		County		MARYLAND	
Date of death 1905	Month <i>1</i>	Day <i>16</i>	Age	Years	Months	Days	
Sex		Color or Race <i>White</i>		Birth-place <i>Cumhdland Md</i>			
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Marian Hoffman</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Ella Fogtman</i>				Mother's Birthplace <i>Md</i>			
Name of person giving Information <i>Anna Smith</i>				How related to deceased <i>Grand mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Birth</i>	<i>S.</i>	How long	
Immediate	"	"	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Lockman</i>		
		Address		
Accident or Suicide?				



Name  
in  
Full

CERTIFICATE OF DEATH

*Louis Jackson*

Town *Sand Mountain* County

MARYLAND

Died at

*Allegany*

Date

of death *1905 Jun 27*

Day

Age

Years

*14*

Months

Days

Sex

*Male*

Color or  
Race

*Colored*

Birth-  
place

*Hammondsburg Va*

Occupation

*Laborer*

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

*—*

Father's  
Name

*Jackson*

Father's  
Birthplace

*Va*

Mother's  
Maiden Name

*Bessie Jackson*

Mother's  
Birthplace

*Va*

Name of person giving  
In formation

*Jefferson Holly*

How related  
to deceased

*No relation*

CAUSES OF DEATH

Primary

*Pulmonary tuberculosis*

How long

*Six months*

Immediate

*Exhaustion*

How long

*2 months*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

*W. Q. Skilling*

Address

*Loracrossing,*

Accident or Suicide?

*No*

*over*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1

This fellow lived and  
died on Saus Mountain  
and not Seneca -  
Correction made with consent  
of Dr. Shilling -

J. B. Bullard Esq  
Seneca Bend N.Y.

Name  
in  
Full

Matth B. Johnson  
Town  
St. Swage  
County  
Allegheny

CERTIFICATE OF DEATH

MARYLAND

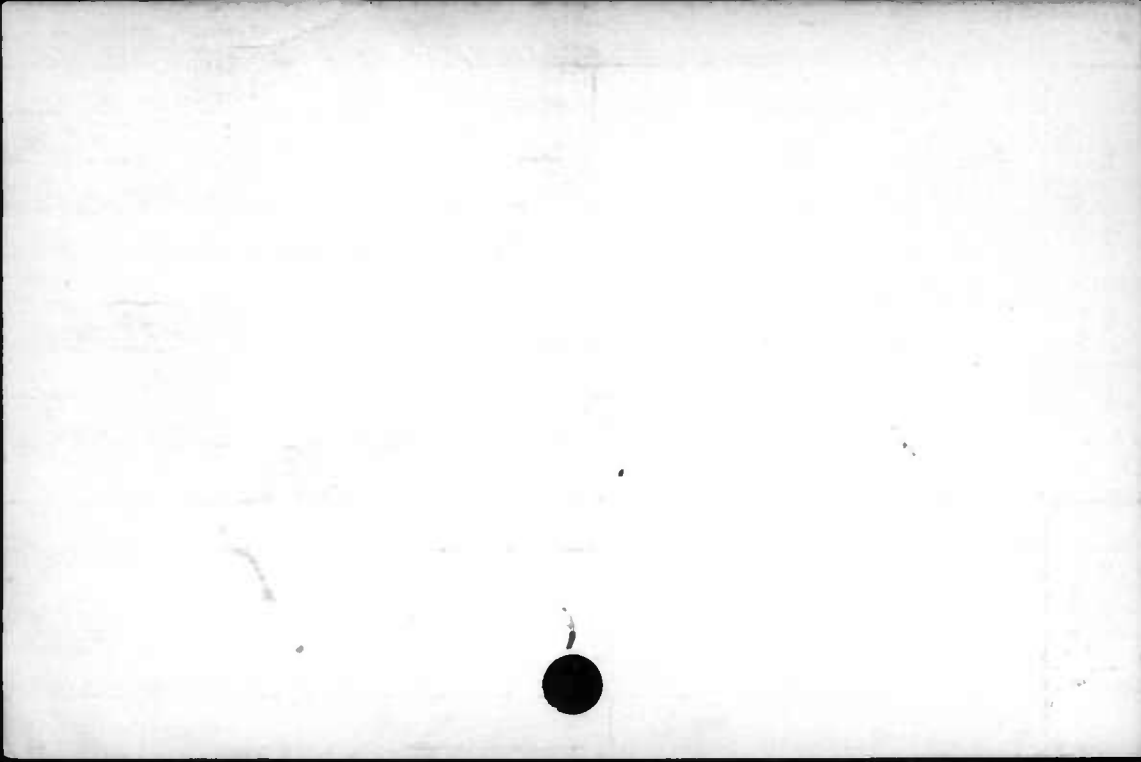
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Date of death 1905		Month	Day	Age	Years	Months	Days
St. Swage		Jan		17	38				
Sex	Female	Color or Race	Black		Birth-place	Hampshire Co Va			
Married, Single or Widowed	Married		Occupation		Housewife				
Name of wife or Husband	Bray. Johnson								
Father's Name	Butler				Father's Birthplace				
Mother's Maiden Name					Mother's Birthplace				
Name of person giving information	Bray. Johnson				How related to deceased	Husband			

CAUSES OF DEATH

PHYSICIAN  
OR CORNER

Primary	Paralysis	How long	9 weeks
Immediate	4 no. stroke	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Edw. Duane
		Address	W. St. Swage Md.
Accident or Suicide?			





Name  
in  
Full

Dora Virginia Keller

## CERTIFICATE OF DEATH

Died at *Crunk* <sup>Town</sup> *Alle* <sup>County</sup>

MARYLAND

Date of death *1905* <sup>Month</sup> *Jan* <sup>Day</sup> *23* <sup>Years</sup> *Age* <sup>Months</sup> *22* <sup>Days</sup>Sex *Female* Color or Race *White* Birth-place *Md*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Ernest Keller*Father's Birthplace *West Va*Mother's Maiden Name *Marie Prout*Mother's Birthplace *Md*Name of person giving information *Ernest Keller*How related to deceased *Brother*

## CAUSES OF DEATH

Primary *Marasmus.*How long *3 weeks*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address *F L Baskdale.*Accident or Suicide? *Dr Baskdale**by phone*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER  
*11*



Name  
in  
Full

## CERTIFICATE OF DEATH

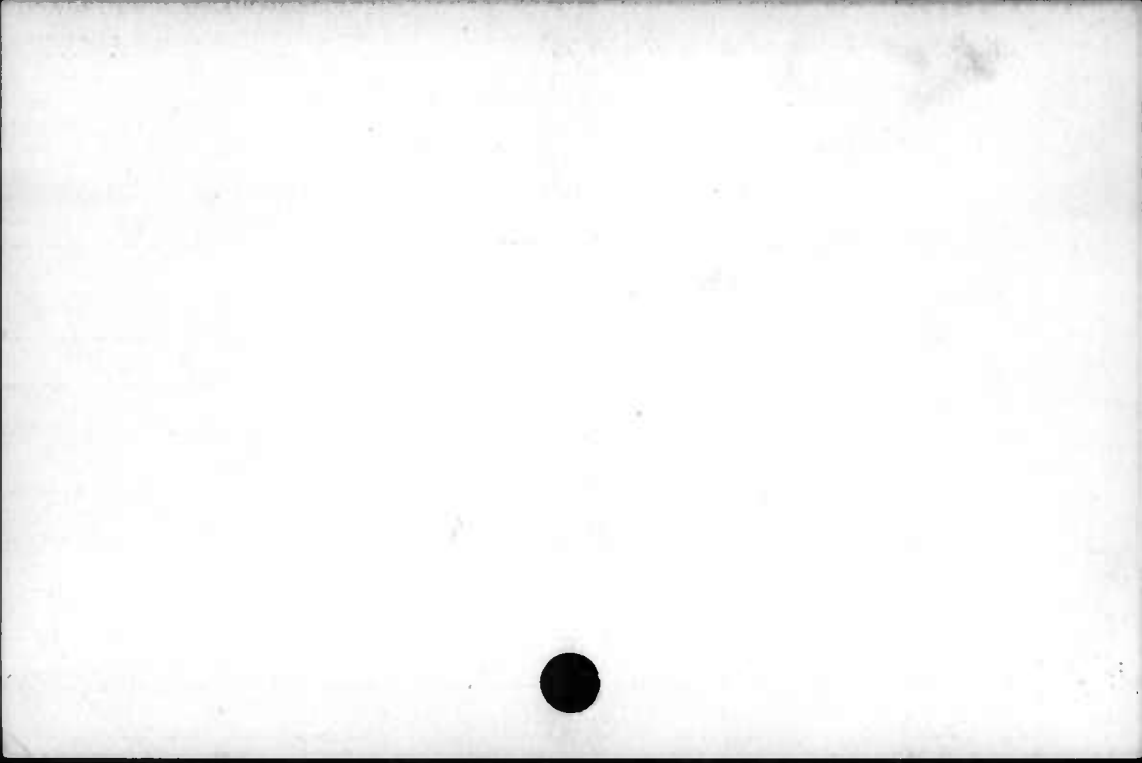
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Robert Kenney</i>		Town <i>Cumberland</i>		County <i>Delegany</i>		MARYLAND	
Died at <i>Cumberland</i>		Month <i>Jan</i>		Day <i>19</i>		Age <i>16</i> Years Months Days	
Date of death <i>1905</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Winchester</i>	
Occupation				Where Residing If not at place of death <i>Cumberland</i>			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Robert Kenney</i>				Father's Birthplace			
Mother's Maiden Name <i>Addie Mayhew</i>				Mother's Birthplace			
Name of person giving information <i>Mam Coor</i>				How related to deceased <i>92</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia Broncho</i>		How long <i>6 days</i>	
Immediate <i>Depression</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. B. Clayton M.D.</i>	
		Address <i>Cumberland Md</i>	
Accident or Suicide?			



Name in Full		Mary J. Kraft				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Eckhart		County		MARYLAND
	Date of death	1905	Month	Jan	Day	Age	44
	Sex	F	Color or Race	W.	Birth-place	Engl So	
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of wife or Husband			
	Father's Name	Joseph Thomas		Father's Birthplace			
	Mother's Maiden Name	M Martha Davis		Mother's Birthplace			
Name of person giving information	H. D. Goebner		50V		How related to deceased		
Brother-in-law							
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Decubitus Ulcers			How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
			Thompson		Throbbing Head		
Accident or Suicide?							

Frostburg Furniture & Undertaking Co.

*[Handwritten signature]*

Name  
in  
Full

Harry Harrison Lease

## CERTIFICATE OF DEATH

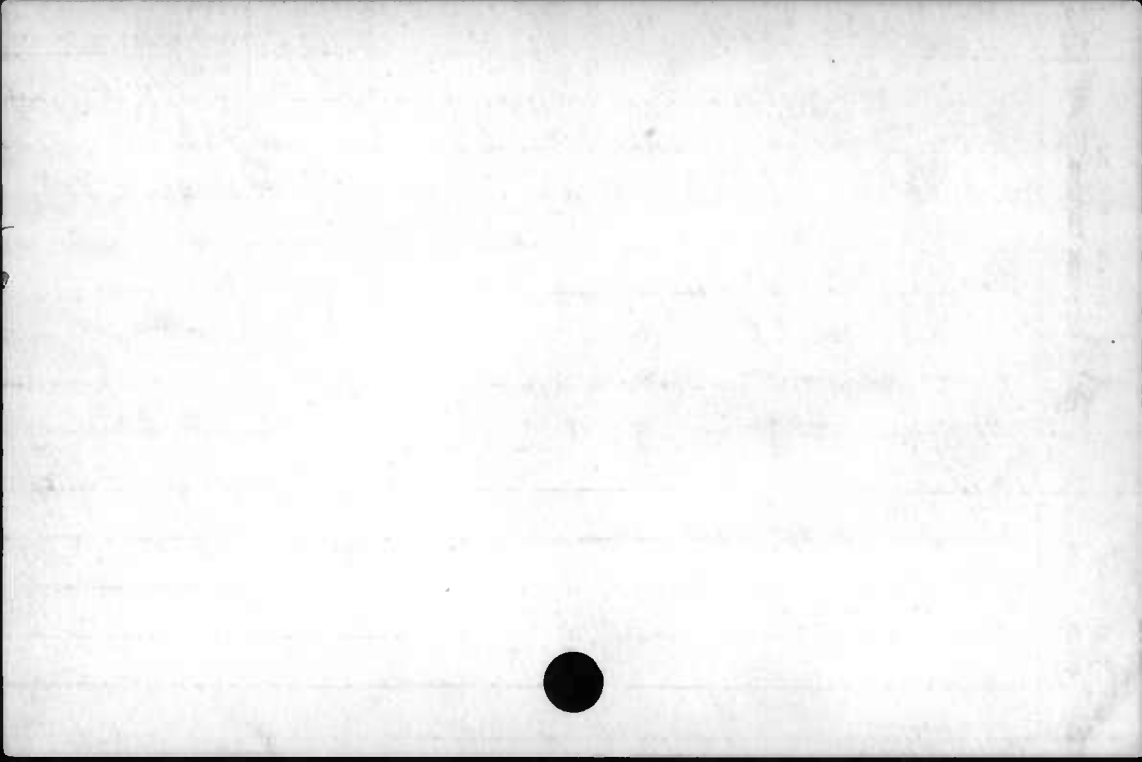
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pier		County Allegheny		MARYLAND	
Date of death 1905		Month January	Day 30	Age 59	Years 59	Months one	Days 2
Sex Male		Color or Race white		Birth- place Allegheny Co Md			
Married, Single or Widowed		Married		Occupation Laborer			
Name of Wife or Husband		Sarah, Matilda Lease					
Father's Name		Silas Lease				Father's Birthplace San Jose Cal Va	
Mother's Maiden Name		Nancy Furlow				Mother's Birthplace " " " "	
Name of person giving In formation		Sarah, M. Lease				How related to deceased wife	

## CAUSES OF DEATH

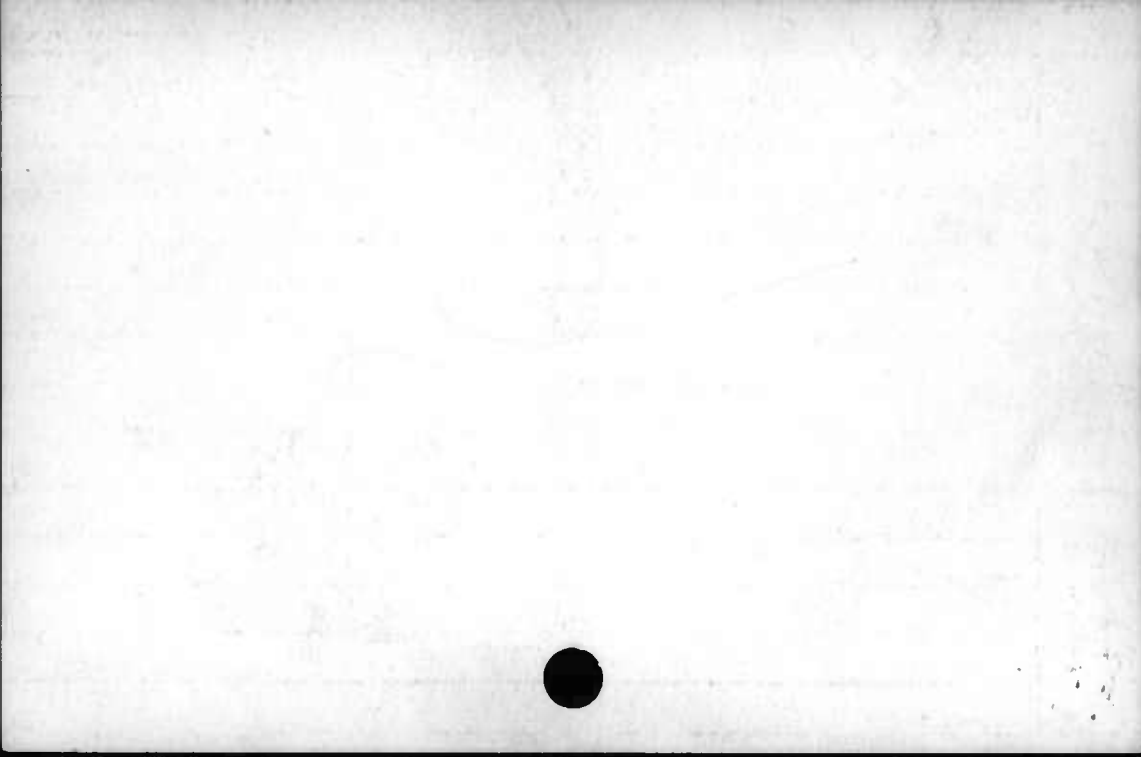
PHYSICIAN  
OR CORONER

Primary	Pneumonia	93 ✓	How long 5 days
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Dr. C. L. ...
			Address Cass's ...
Accident or Suicide?			Examined by E. H. ...





Name in Full		L. Linkswiler						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Waterbury</i>			Town <i>Waterbury</i>			County <i>Allegheny</i>		
	Date of death 1905			Month <i>1</i>		Day <i>6</i>		Age <i>1</i>	
	Sex <i>Male</i>			Color or Race <i>White</i>			Birth-place <i>Ind</i>		
	Married, Single or Widowed <i>✓</i>			Occupation <i>✓</i>					
	Name of Wife or Husband <i>✓</i>								
	Father's Name <i>Amos Linkswiler</i>						Father's Birthplace <i>N. Va</i>		
	Mother's Maiden Name <i>Doris Linkswiler</i>						Mother's Birthplace <i>" "</i>		
Name of person giving information <i>James Linkswiler</i>						How related to deceased <i>Uncle</i>			
<div style="text-align: center;">CAUSES OF DEATH</div>									
PHYSICIAN OR CORONER	Primary <i>Still born. S.</i>						How long <i>→</i>		
	Immediate <i>Not known</i>						How long <i>→</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Male</i>						Signature of Physician <i>J. H. Abbott</i>		
							Address <i>Piedmont W. Va.</i>		
	Accident or Suicide?								



Name in Full <b>Mr J. L Little</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Cumtob</b> <small>Town</small>		<b>Allegany</b> <small>County</small>
	MARYLAND		
	Date of death <b>1904</b> <small>Month</small> <b>Jan</b> <small>Day</small> <b>3</b> <small>Years</small> <b>65</b> <small>Months</small> <b>-</b> <small>Days</small> <b>-</b>		
	Sex <b>male</b>	Color or Race <b>White</b>	Birth place <b>Baltimore</b>
	Occupation <b>Shoe maker</b>	Where Residing If not at place of death <b>-</b>	
	Married, Single or Widowed <b>Divorced</b>	Name of Wife or Husband <b>none</b>	
	Father's Name <b>-</b>	Father's Birthplace <b>-</b>	
Mother's Maiden Name <b>-</b>	Mother's Birthplace <b>-</b>		
Name of person giving information <b>Miss Katie Little</b>	How related to deceased <b>daughter</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Bursting of Blood vessel</b> <b>45</b>	How long <b>45</b>	
	Immediate	How long	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>Dennis E. O'Neil</b>	
		Address <b>Cumtobland Md</b>	
Accident or Suicide?			

Miss Ida Blake

Miss Kate Larnum

Mrs Emma Smith

Miss Emma & Lillian

Miss Maccetta Linn

(give us his question)  
San Deven.

Name  
in  
Full

Lloyd Lowmder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Chelan <sup>Town</sup> md.Allegany <sup>County</sup>Date of death 1905 <sup>Month</sup> 18 <sup>Day</sup>Age 60 <sup>Years</sup>— <sup>Months</sup>— <sup>Days</sup>Sex mColor or Race whiteBirthplace Clarksburg W. Va.Occupation Port 2d nat Bank Chelan Md.

Where Residing If not at place of death

Cumhdan Md.Married, Single or Widowed m

Name of Wife or Husband

Elizabeth J. LowmderFather's Name Lloyd Lowmder

Father's Birthplace

Mother's Maiden Name Ely J. Lowmder

Mother's Birthplace

Name of person giving information Lloyd Lowmder Jr.

How related to deceased

Son

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

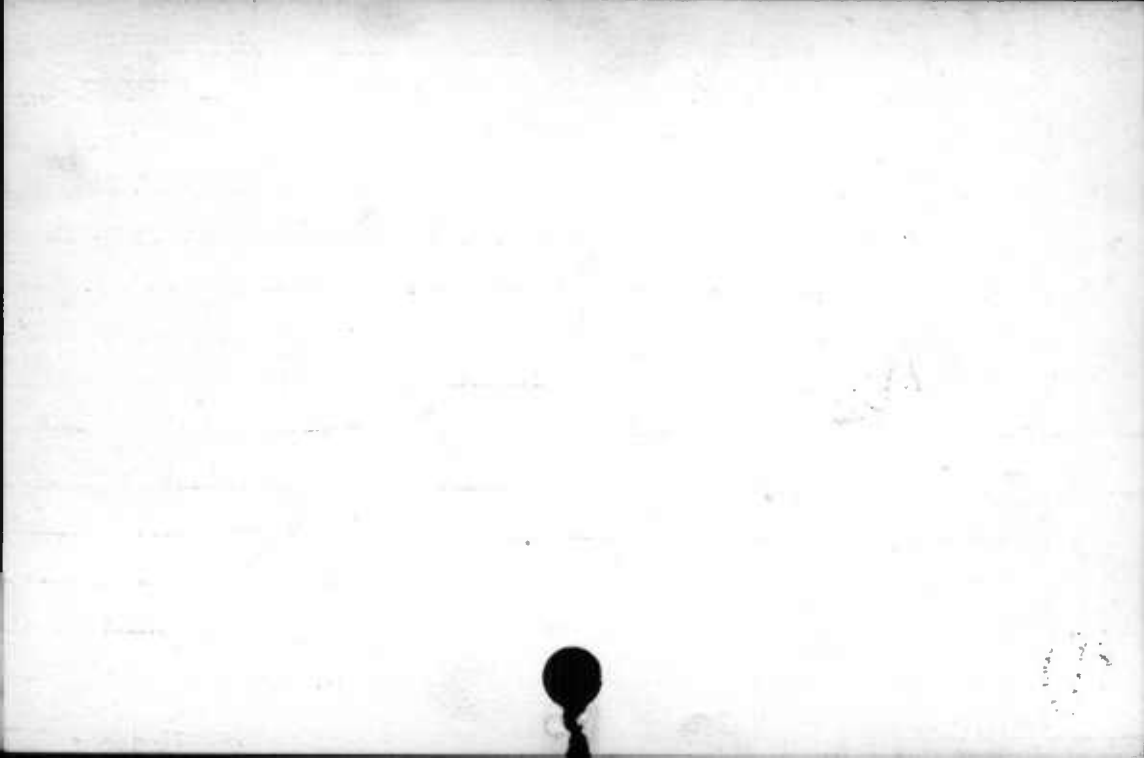
A. H. Hawker

Address

Cumhdan Md.

Accident or Suicide?

noPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Lizzie M Millan*

Died at *Mt Savage* Town *Ally* County

Date of death *1905* Month *Jan* Day *16* Age *17* Years Months *✓* Days *✓*

Sex *Female* Color or Race *White* Birth-place *Midlothian*

Occupation *✓* Where Residing if not at place of death *✓*

Married, Single or *Widowed* Name of Wife or Husband *✓*

Father's Name *Chas M Millan* Father's Birthplace *Borden Shopt*

Mother's Maiden Name *Melissa Merrill* Mother's Birthplace *" Mines*

Name of person giving information *Father* How related to deceased *138*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Bright's Disease* How long *2 weeks*

Immediate *P. E clampsia* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *D. Conroy*

Address *Mt Savage Md*

Accident or Suicide? *✓*

Gm

Allegany Cemetery

Frederick



Name  
in  
Full

Harry M Mannis

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Cumberland <sup>County</sup> Allegany

MARYLAND

Date of death 1905 Jan 13 Age Years Months Days

Sex Male Color or Race White Birth-place County

Occupation Miner Where Residing if not at place of death Phoenix Ma

Single

Name of Wife or Husband

Father's Name

Joseph M Mannis

Father's Birthplace

Ma

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

## CAUSES OF DEATH

Primary

Bum. Peritonitis

How long

8 days

Immediate

Rupture of liver

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. Brothman

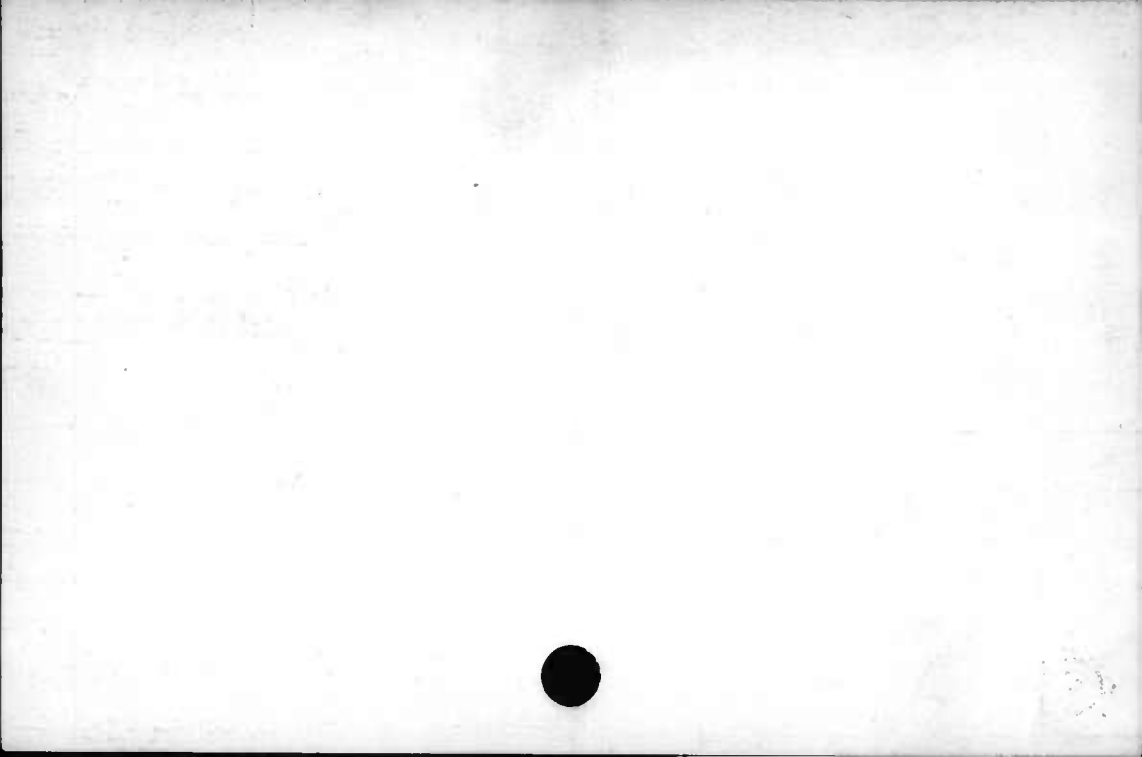
Cumberland

Accident or Suicide?

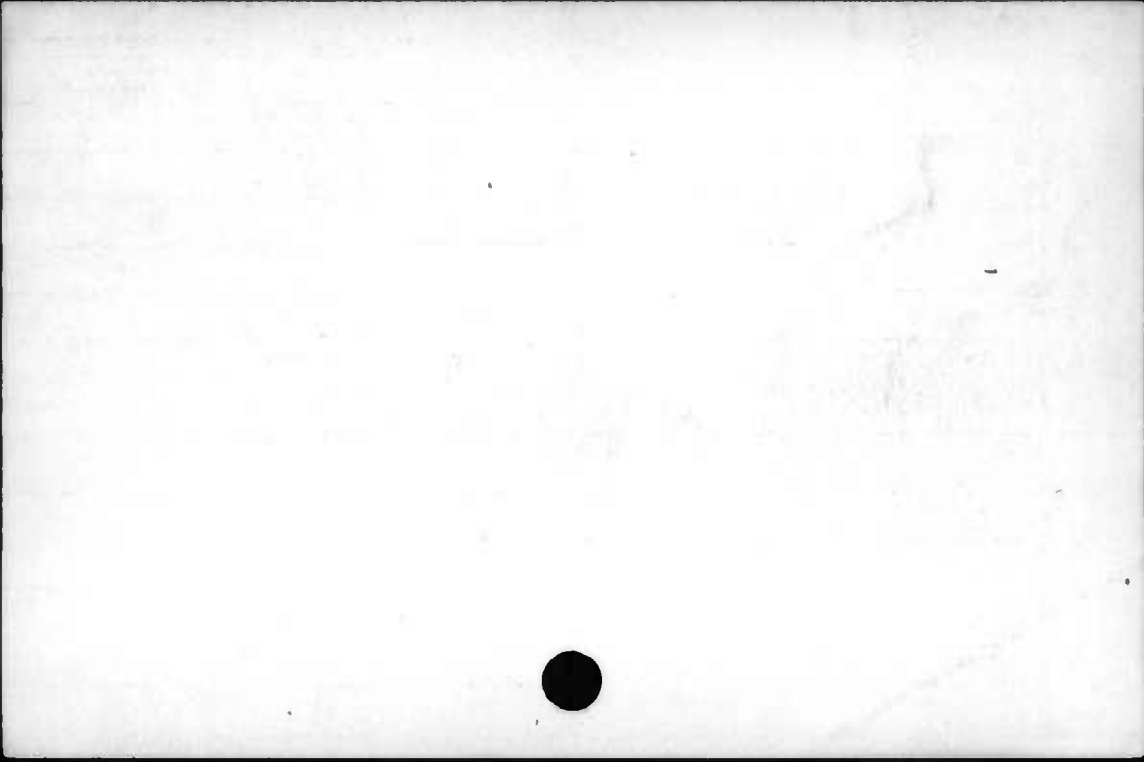
Accident

Ma.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		James Mausspecker				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cumberland		County		ALLEGANY	
	Date of death		1905		Month		12	
	Sex		Male		Age		53	
	Color or Race		White		Birth-place		Germany	
	Occupation				Where Residing If not at place of death			
	Married, Single or Widowed				Name of Wife or Husband			
	Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace				
Name of person giving information		No one		How related to deceased				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Paralysis		How long		10 yrs	
	Immediate		Exhaustion		How long		2 weeks	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. F. Turgg	
	St Peter + Pauls		Stein		Address		Cumberland	
Accident or Suicide?								



Name  
in  
Full

Charles Edward Martin

## CERTIFICATE OF DEATH

MARYLAND

Died at Eckhart <sup>Town</sup> Mines

County Allegany

Date of death 1905

Month Jan.

Day 4

Age

Years X

Months X

Days 30

Sex Male

Color or Race white

Birth-place Eckhart Mines

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

John E. Martin

Father's Birthplace

Penn

Mother's Maiden Name

Mary C. Hummelright

Mother's Birthplace

Mt. Savage

Name of person giving information

John W. Hummelright

How related to deceased

Gr. Father

## CAUSES OF DEATH

Primary

Acute Indigestion

104

How long

4 days.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

B. W. Cornwall M.D.

Address

Eckhart Mines

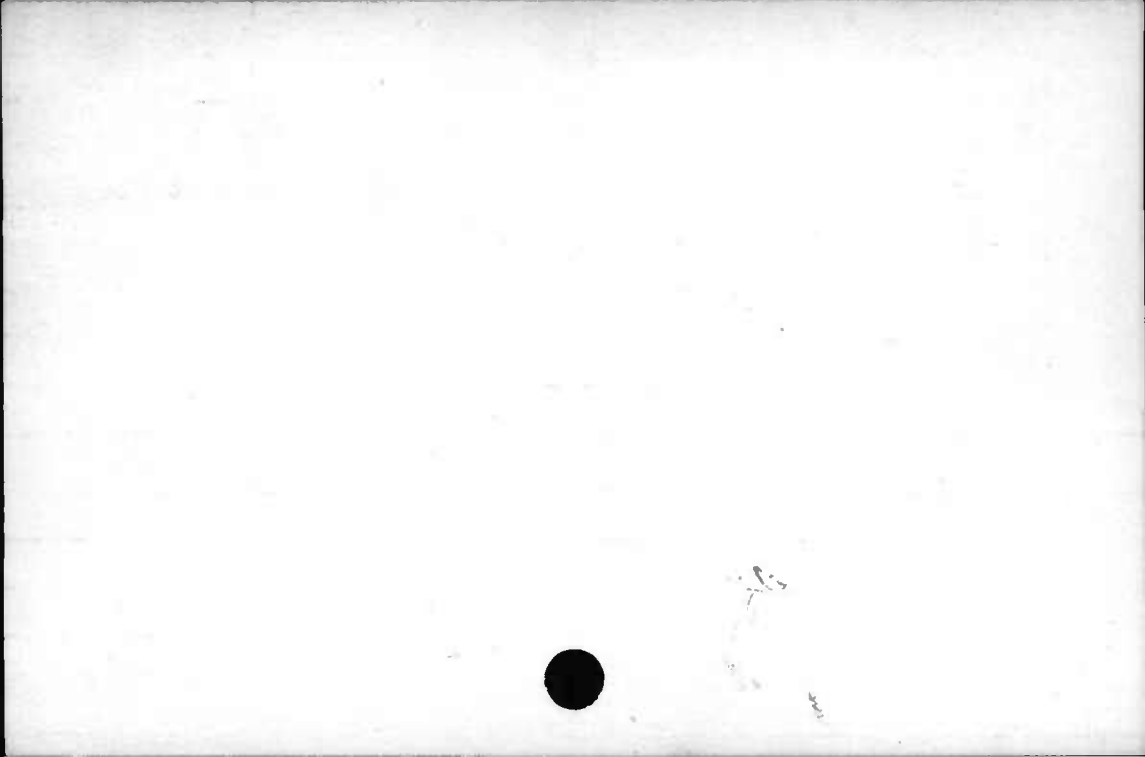
1145.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

770

Name In Full		Mabel Regina Mathews				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Cammd</i>		County <i>Allegh</i>		MARYLAND	
		Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>13</i>	Age <i>—</i>	Months <i>4</i>	Days <i>—</i>
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cammd</i>	
		Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles H Mathews</i>		Father's Birthplace <i>Cammd</i>					
Mother's Maiden Name <i>Mary A Martz</i>		Mother's Birthplace <i>Cammd</i>					
Name of person giving information <i>Charles H Mathew</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Capillary Bronchitis</i>		How long <i>13 days</i>			
		Immediate <i>Exhaustion</i>		How long <i>3 hrs</i>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Q V + Brace</i>			
		<i>Stein</i>		Address <i>St Peter + Paul</i>			
		Accident or Suicide?					





Name  
In  
Full

anna F Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burmda</i> Town			County <i>Allegh</i>			MARYLAND	
Date of death	1905	Month <i>Jan</i>	Day <i>13</i>	Age	Years <i>85</i>	Months <i>-</i>	Days <i>-</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Germany</i>
Occupation	<i>mid wife</i>			Where Residing if not at place of death			<i>-</i>
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband <i>-</i>				
Father's Name	<i>-</i>					Father's Birthplace	<i>-</i>
Mother's Maiden Name	<i>-</i>					Mother's Birthplace	<i>154</i>
Name of person giving information	<i>George F Miller</i>					How related to deceased	<i>Son</i>

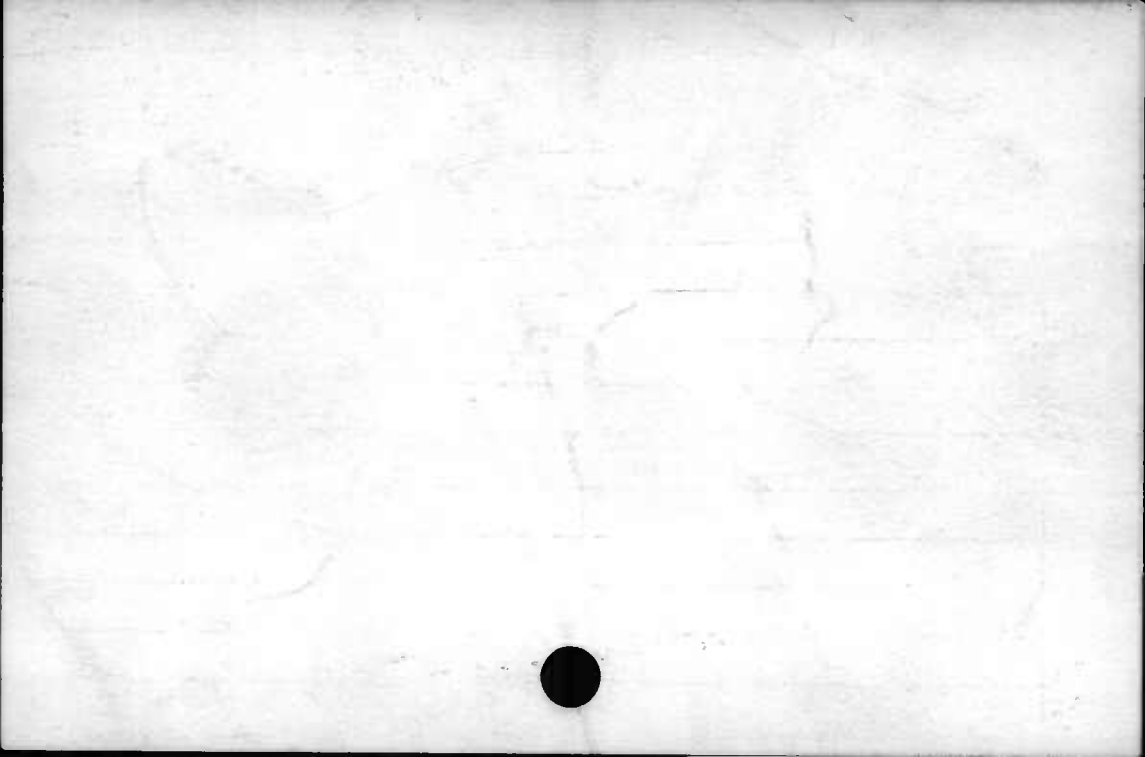
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senility of Advanced age</i>	How long	<i>years.</i>
Immediate	<i>Exhaustion</i>	How long	<i>no year.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. W. Fackelman</i>
		Address	<i>Burnhamland Md.</i>
Accident or Suicide?			



Name in Full <b>Mary Theresia Miller</b>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Town <b>Cumberland</b>		County <b>Alleghany</b>		<b>MARYLAND</b>
	Date of death <b>1905</b>	Month <b>Jan</b>	Day <b>10</b>	Age <b>19 yrs</b>	Months <b>0</b> Days <b>0</b>
	Sex <b>Female</b>	Color or Race <b>White</b>		Birth-place	
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed <b>Single</b>	Name of Wife or Husband			
	Father's Name <b>Peter Miller</b>	Father's Birthplace <b>Ind</b>			
Mother's Maiden Name <b>Mary Buschert</b>	Mother's Birthplace <b>Germany</b>				
Name of person giving information <b>Peter Miller</b>	How related to deceased <b>Father</b>				
<b>CAUSES OF DEATH</b>					
PHYSICIAN OR CORONER <b>(1)</b>	Primary <b>Rheumatism (Inflammation)</b>		How long <b>6 days</b>		
	Immediate <b>Cerebral Hemorrhage</b>		How long <b>5 hours</b>		
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>J. H. Lochington</b>		
	Address <b>Stein</b>		Address <b>Cumberland Md</b>		
Accident or Suicide? <b>No</b>		<b>St Peter &amp; Paul</b>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>William Owens Moreland</i>		Town <i>Westernport</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Westernport</i>		Date of death 1905		Month <i>1</i>		Day <i>28</i>	
Age <i>17</i>		Years <i>✓</i>		Months <i>17</i>		Days <i>✓</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Keyser</i>			
Married, Single or Widowed <i>✓</i>				Occupation <i>✓</i>			
Name of Wife or Husband <i>✓</i>							
Father's Name <i>William Moreland</i>				Father's Birthplace <i>W. Va</i>			
Mother's Maiden Name <i>Mary Shrock</i>				Mother's Birthplace <i>W. Va</i>			
Name of person giving information <i>Mary Moreland</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

Primary <i>Gastritis</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long <i>104 ✓</i>

Are the name, age, sex, color, date and place correctly given above?

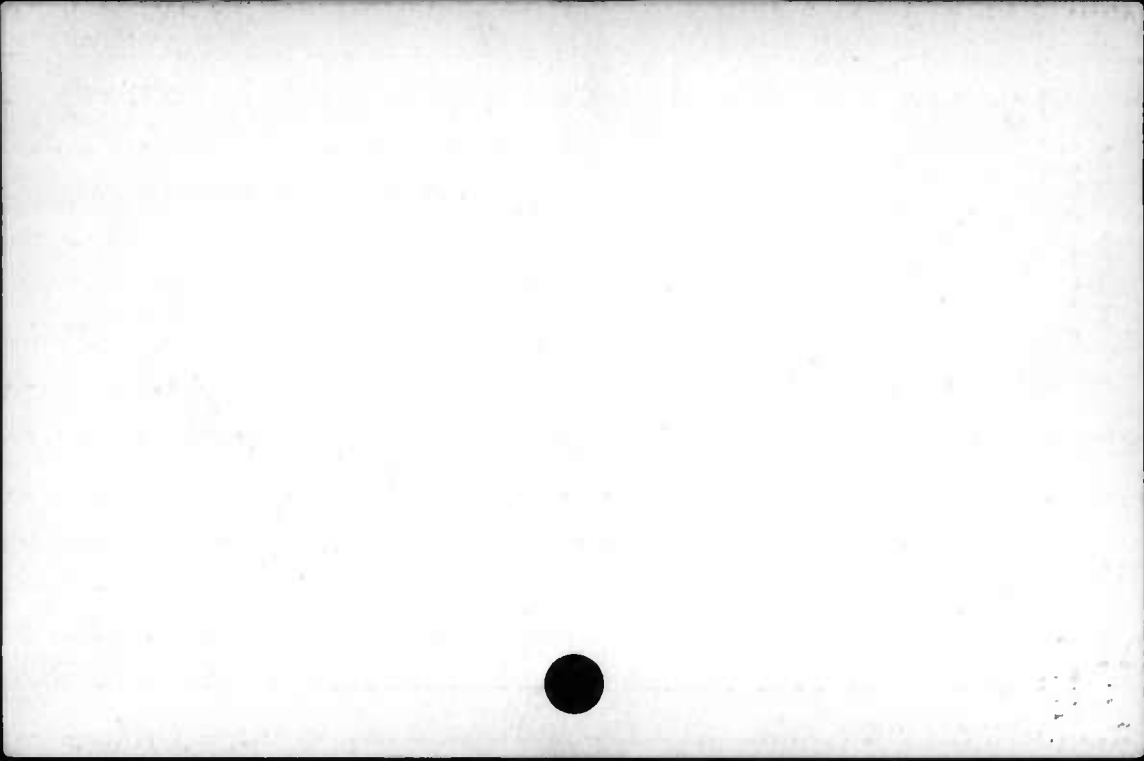
*Yes*

Signature of Physician

Address

*J. B. Shuck*  
*Westernport*

Accident or Suicide?



Name  
In  
Full

Evelina Helen Myer

CERTIFICATE OF DEATH

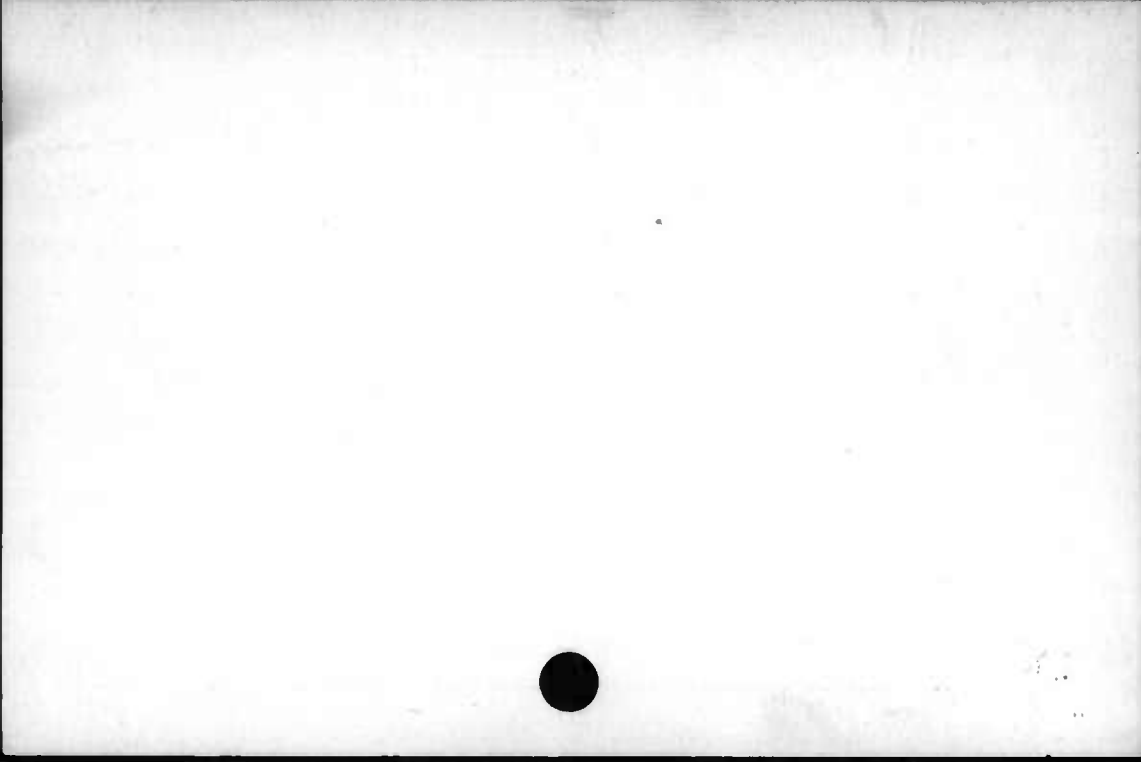
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Barton Town Allegany County  
 Date of death 1905 Jan Month 16 Day 37 Year 8 Months 17 Days  
 Sex Female Color or Race White Birth-place Alleg. Co  
 Married, Single or Widowed Married Occupation H.W.  
 Name of Wife or Husband Lewis Myer  
 Father's Name Thomas Connor Father's Birthplace Scotland  
 Mother's Maiden Name Jennett McBride Mother's Birthplace Scotland  
 Name of person giving information Jennett Grindell How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Organic Heart disease MA How long 3 months  
 Immediate Oedema of the lungs How long one week  
 Are the name, age, sex, color, date and place correctly given above? yes  
 Signature of Physician S. A. Boncher  
 Address Barton Md  
 Accident or Suicide?





Name  
in  
Full

CERTIFICATE OF DEATH

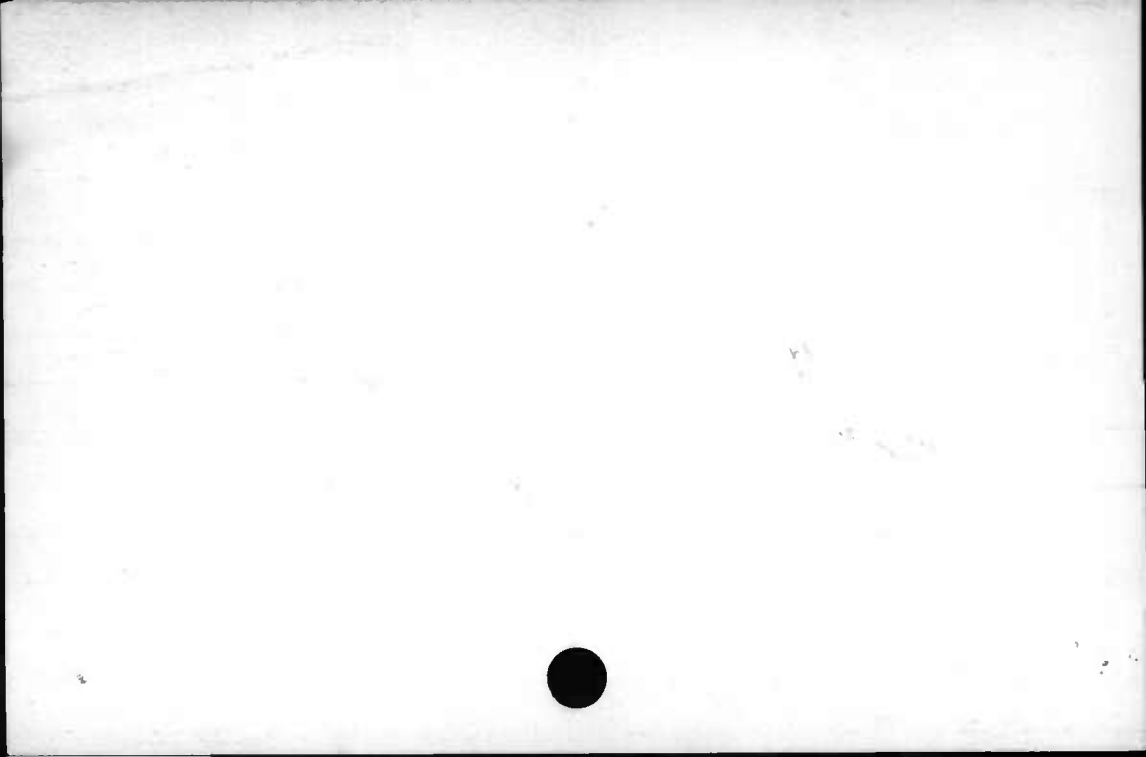
TO BE ANSWERED BY  
NEAREST FRIEND


Died <i>Laconing</i>		Town <i>Laconing</i>		County <i>Laconing</i>		MARYLAND	
Date of death	1905	Month	Jan	Day	8	Age	47
Sex	Male	Color or Race	White	Birth place	Laconing	Months	
Occupation	Miner	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Daniel Nolan					Father's Birthplace	Laconing
Mother's Maiden Name	Elizabeth Droney					Mother's Birthplace	"
Name of person giving information	George Droney					How related to deceased	Uncle

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diphtheria &amp; pneumonia</i>	How long	<i>Six weeks</i>
Immediate	<i>Meningitis</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. D. Skilling</i>	
		Address	
		<i>Laconing</i>	
Accident or Suicide? <i>No</i>			



Name in Full		Oliver Twist Parker				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Eckhart Mines <sup>Town</sup>		Alligany <sup>County</sup>		
		Date of death		1905	Month Jan.	Day 16	Age Years 38	Months
		Sex		Male		Color or Race		White
		Occupation		P. R. Fireman		Birth- place		Alligany Co.
		Where Residing if not at place of death		Eckhart Mines				
Married, <del>Single</del> <del>or Widowed</del>		Name of Wife or Husband		Annie B. Foulke				
Father's Name		William Parker				Father's Birthplace		Maryland
Mother's Maiden Name		Ellen <sup>Eleanor</sup> Porter				Mother's Birthplace		Maryland
Name of person giving In formation		Wm Parker				How related to deceased		10 ✓ Father
		CAUSES OF DEATH				10 days		
PHYSICIAN OR CORONER 		Primary		Influenza followed by		How long		7 days
		Immediate		Pneumonia		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		B. M. Cornwall
				Address		Eckhart Mines		Mo.
Accident or Suicide?								



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Caterina Passaralli</i>		Town <i>Horantown</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Horantown</i>		Date of death 1905		Month <i>Jan</i>		Day <i>12</i>	
Age <i>15</i>		Years <i>15</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Italy</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>House-girl</i>					
Name of Wife or Husband							
Father's Name <i>Milpe Passaralli</i>		Father's Birthplace <i>Italy</i>					
Mother's Maiden Name <i>Maria Drago</i>		Mother's Birthplace <i>Italy</i>					
Name of person giving information <i>Nicholas Spatti</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

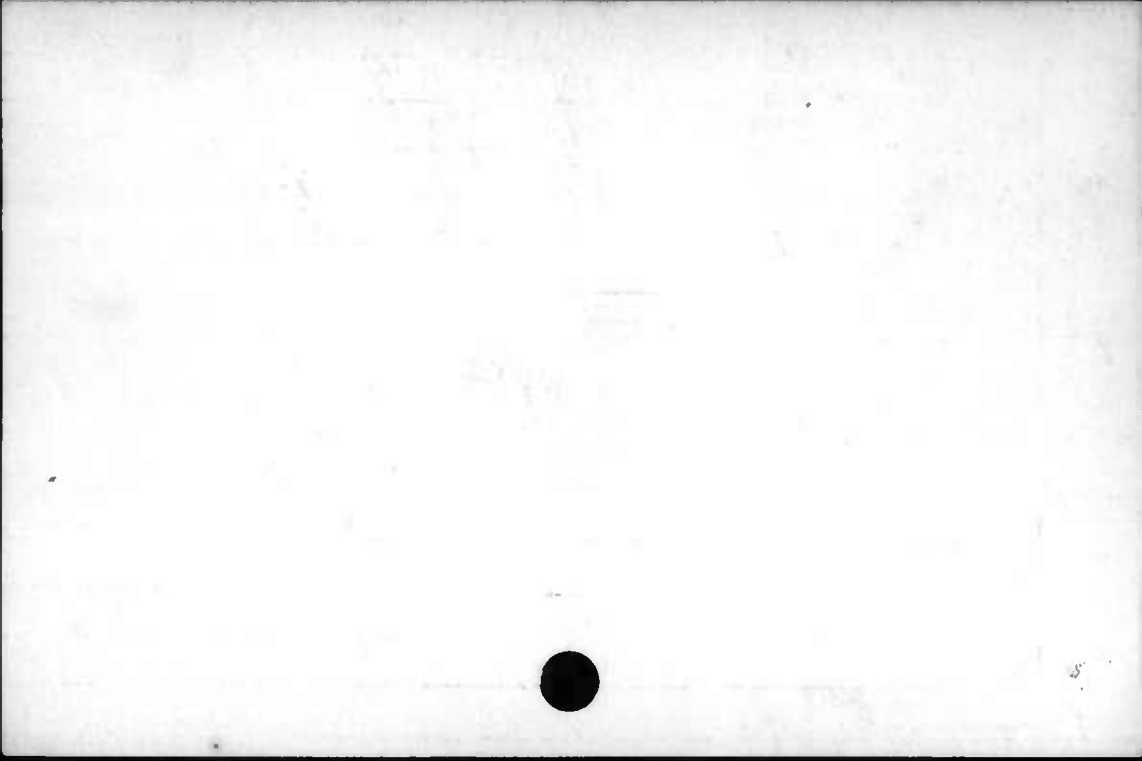
Signature of Physician

Address

How long

How long

Accident or Suicide?



Name  
in  
Full

Michael Passarelli

5-1-E

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Moren Town* Town*Allegheny* County *Mo*

MARYLAND

Date of death *1905* Month *January*Day *16*Age *39* Years

Months

Days

Sex *White*Color or  
RaceBirth  
place *Italy*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed *yes*Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information *Nicholas Leonetti*How related  
to deceased

## CAUSES OF DEATH

Primary

*Suicide*

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*Dennis E O Neel*  
*Cumberland Mo*

Accident or Suicide?

779



in Full

*Annie M. Bunker*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

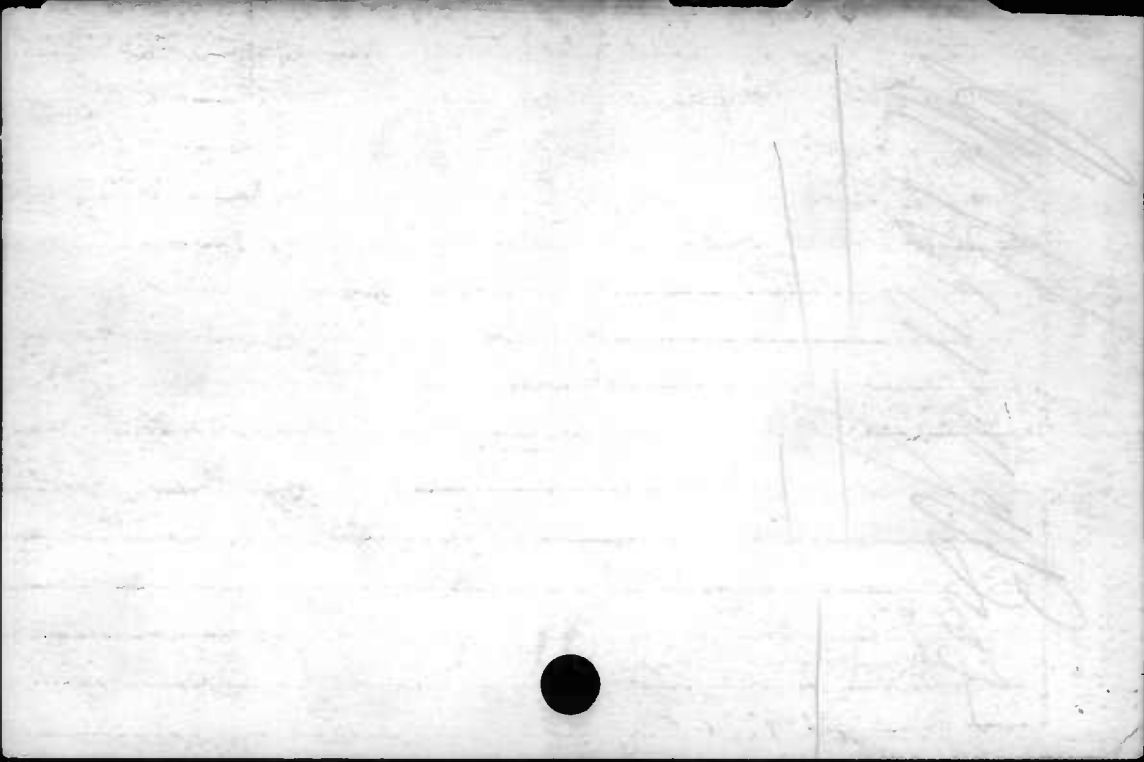
MARYLAND

Died at		Town		County			
Date of death	1905	Month	1	Day	11	Age	33
Sex		Color or Race		Birth place	<i>Slacks Creek</i>		
Occupation	<i>House wife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband				
Father's Name	<i>John F. Miller</i>					Father's Birthplace	
Mother's Maiden Name	<i>Elizabeth</i>					Mother's Birthplace	
Name of person giving information	<i>Gov. M. Allen</i>					How related to deceased	
					<i>Sister</i>		

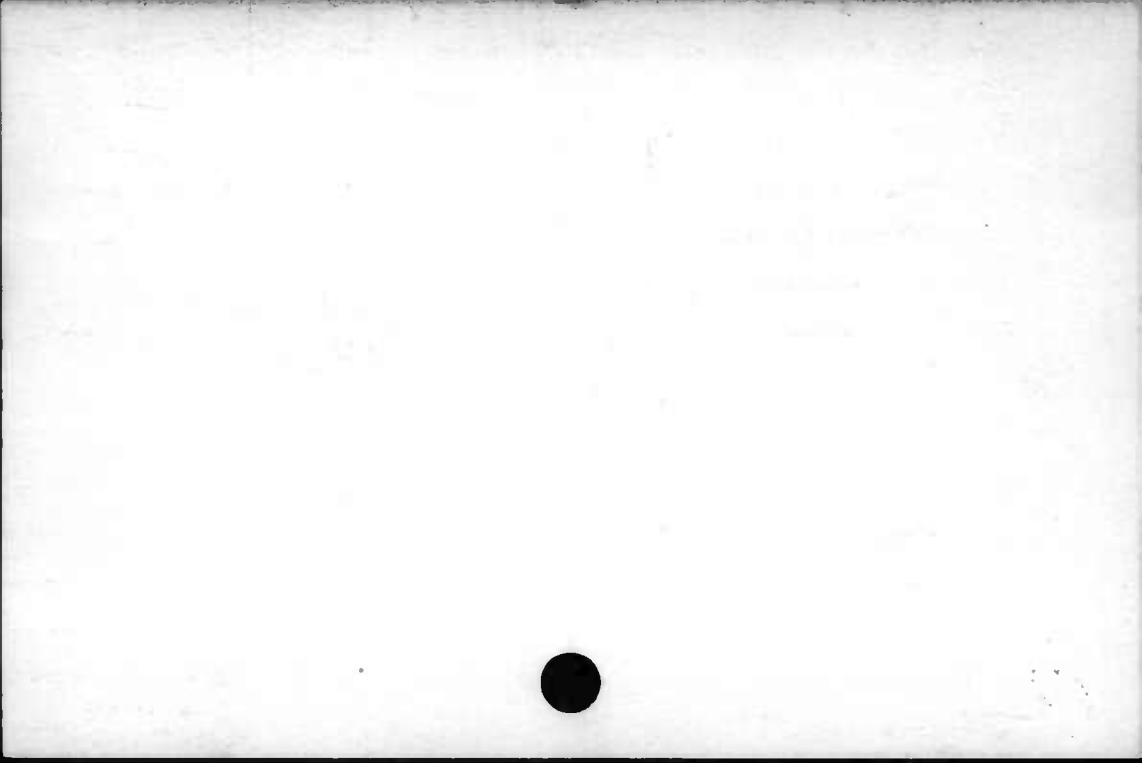
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gun shot wound</i>		How long	<i>Immediate</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		<i>176 D. E. O'Neal Cor.</i>		
		Address		
Accident or Suicide?		<i>Murder</i>		



Name in Full <b>John Jacob Pearson</b>		CERTIFICATE OF DEATH	
Died at <b>Cumberland</b> <sup>Town</sup> <b>Alleghany</b> <sup>County</sup>		MARYLAND	
Date of death <b>1905</b>	Month <b>1</b>	Day <b>11</b>	Age <b>35</b> Years Months Days
Sex	Color or Race	Birth-place	
Occupation <b>Conductor</b>	Where Residing if not at place of death <b>Cumt Pa.</b>		
Married, <del>Single</del> <b>Widowed</b>	Name of Wife or Husband <b>Annie</b>		
Father's Name	Father's Birthplace <b>Fredricks Co.</b>		
Mother's Maiden Name <b>Mary Louisa</b>	Mother's Birthplace <b>West Co.</b>		
Name of person giving information	How related to deceased <b>No</b>		
CAUSES OF DEATH			
Primary	<b>Gun shot wound</b>		How long <b>Immediate</b>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>Dennis E. O'Neal Coroner</b>		
<b>Accident or Suicide?</b> <b>Murder</b>	Address <b>Cumberland Md</b>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Norman Porter</i>		Town <i>Allegheny</i>		County <i>Allegheny</i>		STATE <i>MARYLAND</i>	
Died at		Month <i>1</i>		Day <i>27</i>		Age <i>26</i>	
Date of death <i>1905</i>		Years		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Motor man</i>		Where Residing if not at place of death <i>Borden Mines</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George Porter</i>		Father's Birthplace					
Mother's Maiden Name <i>Mary Catherine Burton</i>		Mother's Birthplace					
Name of person giving information <i>John Crow</i>		How related to deceased <i>Cousin</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Immediate Accident</i>	How long
Immediate <i>Motor car leaving the track</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dennis E. O'Neal Coroner</i>
<i>yes</i>	Address <i>Wilmington N.C.</i>
Accident or Suicide?	

G. L. C.

Alley

Name  
in  
Full

William H. Resley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <u>Cumtland</u>		<sup>County</sup> <u>Allegh.</u>		MARYLAND	
Date of death	1905	Month	Jan	Day	8
Age	57	Years		Months	5
Sex	male	Color or Race	white	Birth-place	md
Occupation	clerk	Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Horace Resley	Father's Birthplace			
Mother's Maiden Name	Sarah B McLanahan	Mother's Birthplace			
Name of person giving information	J. B. Resley	How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cirrhosis of the liver	How long	2 yrs
Immediate	Convulsions	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		@ J. B. Resley	
Address		Cumtland	
		md	
Accident? Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Maggie C Rizer</i>		Town <i>Frostburg</i>		County <i>Alley</i>		State <i>MARYLAND</i>							
Died at <i>Frostburg</i>		Date of death <i>1905</i>		Month <i>1</i>		Day <i>13</i>		Age Years <i>14</i>		Months <i>11</i>		Days <i>18</i>	
Sex <i>F</i>		Color or Race <i>White</i>		Birth place <i>Frostburg Md</i>		Occupation <i>—</i>							
Where Residing if not at place of death <i>—</i>				Married, Single or Widowed <i>Single</i>									
Name of wife or husband <i>Alfred Rizer</i>				Father's Name <i>Alfred Rizer</i>				Father's Birthplace <i>Frostburg</i>					
Mother's Maiden Name <i>Lucy Pape</i>				Mother's Birthplace <i>Eckhart Md</i>				Name of person giving information <i>Harry Rizer</i>				How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>		How long <i>93</i>	
Immediate <i>93</i>		How long <i>About 3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. G. B. Rizer</i>	
Accident or Suicide? <i>1</i>		Address <i>Frostburg Md</i>	

Don

allegory

Name  
in  
Full

Catherine Rodenhanser

## CERTIFICATE OF DEATH

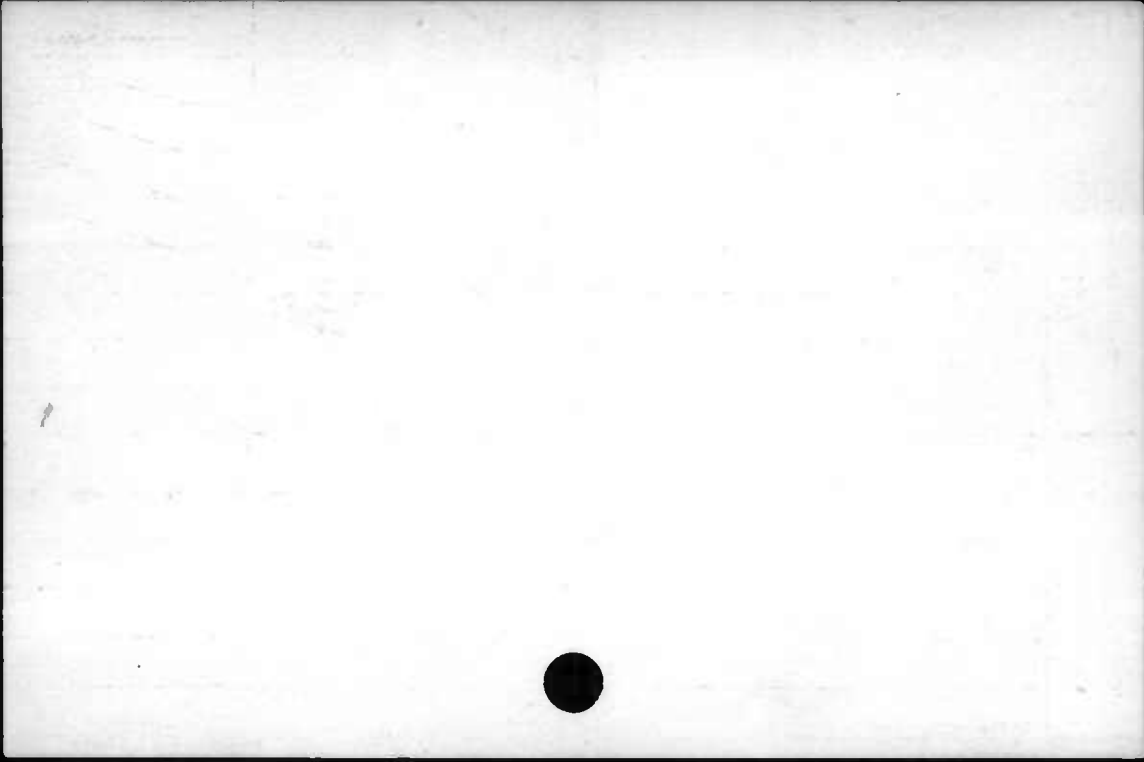
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Cumula</u> Town		County <u>Alleg</u>			
Date of death <u>1905</u>	Month <u>July</u>	Day <u>14</u>	Age <u>35</u>	Years <u>35</u>	Months <u>-</u> Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Cumula</u>		
Occupation <u>Teacher</u>			Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>John Rodenhanser</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Catherine Kikel (Dead)</u>		Mother's Birthplace <u>Cumula</u>			
Name of person giving information <u>Amey Rodenhanser</u>		How related to deceased <u>Sister</u>			

## CAUSES OF DEATH

Primary <u>Tuberculosis (Lungs)</u>	How long <u>9 mo</u>
Immediate <u>Exhaustion</u>	How long <u>1 wk</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. H. Twigg</u>
	Address <u>Cumula, Md</u>
Accident or Suicide? <u>-</u>	



Name In Full		Sarah Rowan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Smearning	County Allegheny		MARYLAND	
	Date of death	1905	Month Jan	Day 25	Age 105	Years	Months —
	Sex	Female		Color or Race	White		Birthplace
	Occupation	Housework		Where Residing if not at place of death			
	Married, Single or Widowed	Widowed		Name of Wife or Husband Hugh Rowan, deceased			
	Father's Name	Thomas McCarty				Father's Birthplace	Ireland
	Mother's Maiden Name	Mary				Mother's Birthplace	Ireland
Name of person giving information	Mrs Birkenbaugh				How related to deceased	Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Smility				How long	3-4 weeks
	Immediate	Inanition				How long	3 weeks
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Accident or Suicide?				No		
				Signature of Physician James C. Bullock			
				Address Smearning, Md.			



Name  
in  
Full

Regina E. Shuck

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Clarksville* <sup>Town</sup> *Alley* <sup>County</sup> **MARYLAND**

Date of death *1905 Jan* <sup>Month</sup> *26* <sup>Day</sup> Age *1* <sup>Years</sup> *14* <sup>Months</sup> *14* <sup>Days</sup>

Sex *Female* Color or Race *white* Birth-place *Clarksville*

Occupation *—* Where Reaching if not at place of death *X*

☒ Married ☒ Single or Widowed ☒ Name of Wife or Husband *X*

Father's Name *Robt - Shuck* Father's Birthplace *Onsaphorn Ind*

Mother's Maiden Name *Hellie Cluslerman* Mother's Birthplace *Eckhart Ind*

Name of person giving information *Robt - Shuck* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR  
CORONER

Primary *Cop. Bronchitis 90* <sup>How long</sup> *Five days*

Immediate *" "* <sup>How long</sup> *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. G. Griffith*

Address *Franklinburg Ind*

Accident or Suicide? *—*

G Ham



Name in Full		Infant of Thos Sidaway				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		County		MARYLAND		
		Tcw		Alligany				
		Date of death	Month	Day	Age	Years	Months	Days
		1905	Jan	14	—	—	—	1
		Sex	female	Color or Race	white	Birth-place	md	
		Occupation	none	Where Residing if not at place of death		—		
Married, Single or Widowed		Name of Wife or Husband						
Father's Name		Thos Sidaway				Father's Birthplace		
Mother's Maiden Name		Bertha Armbruster				Mother's Birthplace		
Name of person giving information		Thos Sidaway				How related to deceased		
						father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Protracted labor				14 hours		
		Immediate				How long		
		Exhaustion				2 hours		
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. H. Brace on 15		
				Address		Cumber		
Accident or Suicide?		md						



Name  
in  
Full

Rosella Simmons

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Cumberland<sup>County</sup> AlleganyDate  
of death 1905<sup>Month</sup> Jan<sup>Day</sup> 18

Age

<sup>Years</sup> —<sup>Months</sup> 4<sup>Days</sup> —

Sex

Female

Color or  
Race

Colored

Birth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Joseph Simmons

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Mary C Yorka

Mother's  
Birthplace

Md.

Name of person giving  
In formation

Joseph Simmons

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pneumonia

93

How long

Five days

Immediate

Heart failure

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Jno. H. Thompson M.D.  
63 N. Mechanic

Accident or Suicide?

natural

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

3 Walnut alley

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Clara Snyder</i>			Town <i>Cumt</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumt</i>		Date of death <i>1905 Jan'y 27</i>		Age <i>22</i>		Months <i>-</i> Days <i>-</i>		
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>				
Occupation <i>Clerk</i>				Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>						
Father's Name <i>Andrew Snyder</i>				Father's Birthplace <i>Cumt</i>				
Mother's Maiden Name <i>Marie Close</i>				Mother's Birthplace <i>"</i>				
Name of person giving information <i>Andrew Snyder</i>				How related to deceased <i>Father</i>				

## CAUSES OF DEATH

Primary <i>Endo-carditis</i>	<i>78</i> ✓	How long <i>4 weeks</i>
Immediate <i>-</i>		How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Wiley</i>
		Address <i>Wiley</i>
Accident or Suicide? <i>-</i>		

St. Louis

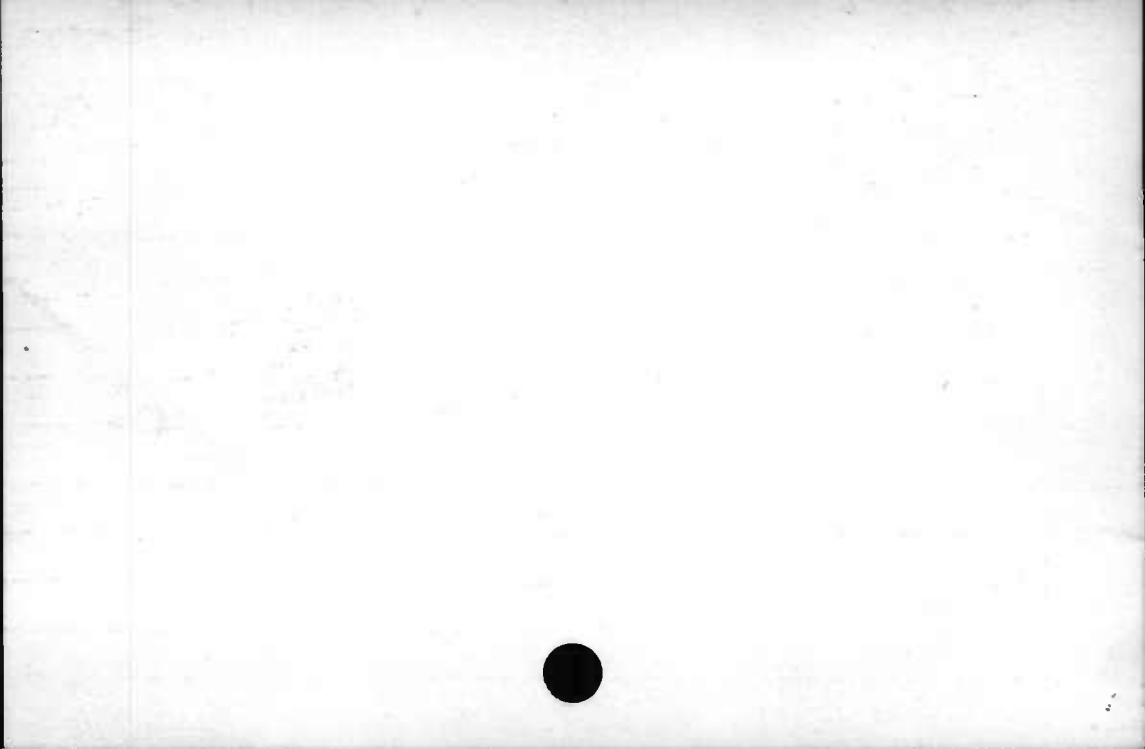
Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

Died at <i>Edlerslie</i>		County <i>accoghy</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>2</i>	Age <i>22</i>	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Edlerslie</i>		
Occupation <i>Saw Mill hand</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>			Father's Birthplace		
Mother's Maiden Name <i>—</i>			Mother's Birthplace		
Name of person giving information <i>Chas Devoir</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

Primary	<i>Rail Road Accident</i>	How long
Immediate	<i>166</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dennis E O'Neal</i>	
	Address <i>Cromber land Ab D</i>	
Accident or Suicide?		





Name  
in  
Full

Jm Stanley

## CERTIFICATE OF DEATH

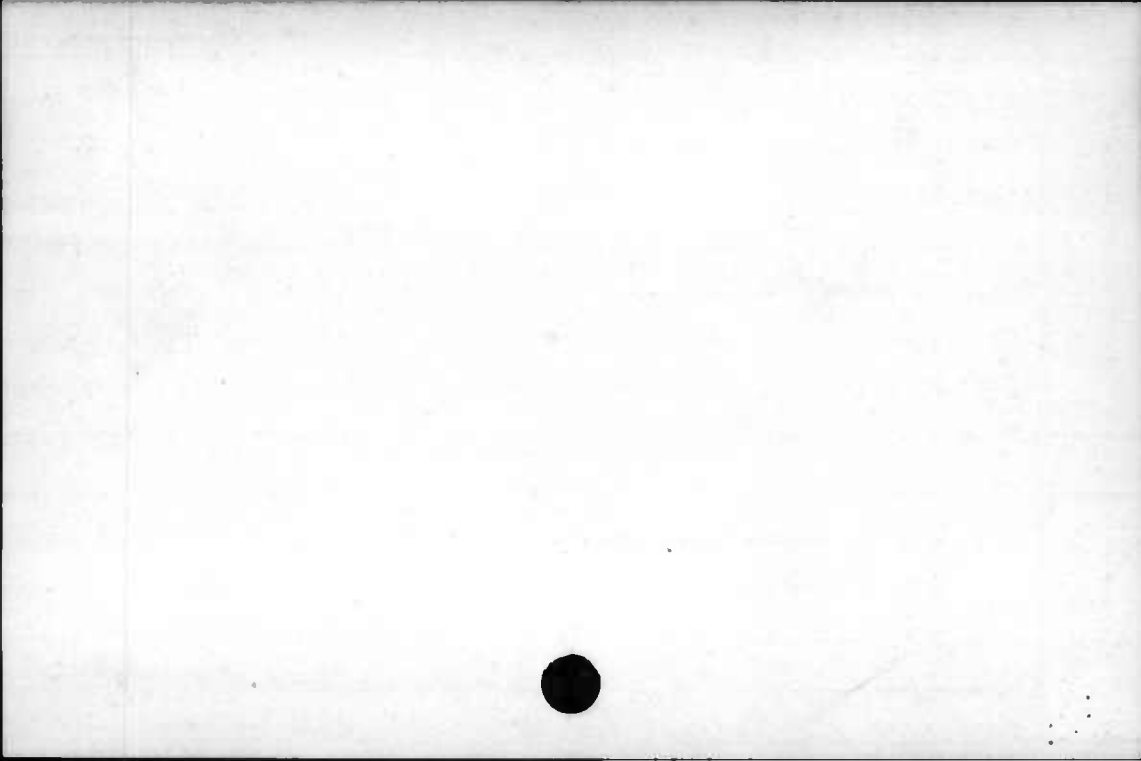
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burton</i>		Town		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>29</i>	Age <i>22</i>	Years <i>22</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Darwin Pa</i>				
Occupation <i>Bro Fireman</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>dead</i>		Father's Birthplace					
Mother's Maiden Name <i>Dead</i>		Mother's Birthplace					
Name of person giving information <i>J J Haggerty</i>		How related to deceased <i>none</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Peritonitis</i>	How long <i>15 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <i>E B Claybrook, Md</i>
Accident or Suicide?	Phone <i>for St. Louis</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

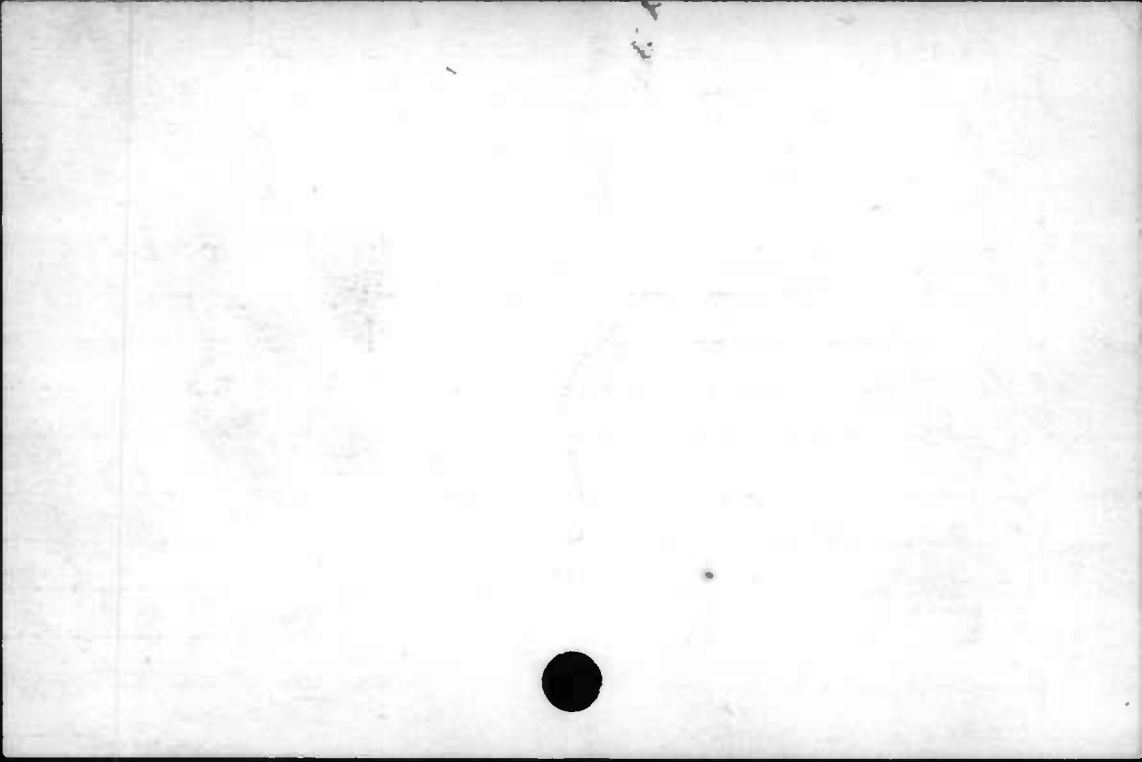
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Anna M. Strong</i>		Town <i>Brunel</i>		County <i>Accokeek</i>			
Died at <i>Brunel</i>							
Date of death <i>1904 Jan 9</i>		Month <i>Jan</i>		Day <i>9</i>		Age <i>27</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Brunel</i>		Months <i>8</i>	
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>		Days <i>14</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>		Father's Birthplace <i>MD</i>		Mother's Birthplace <i>MD</i>	
Father's Name <i>Geo W. Strong</i>		Mother's Maiden Name <i>Mary Hammel</i>		How related to deceased <i>Mother</i>			
Name of person giving information <i>Mary Strong</i>							

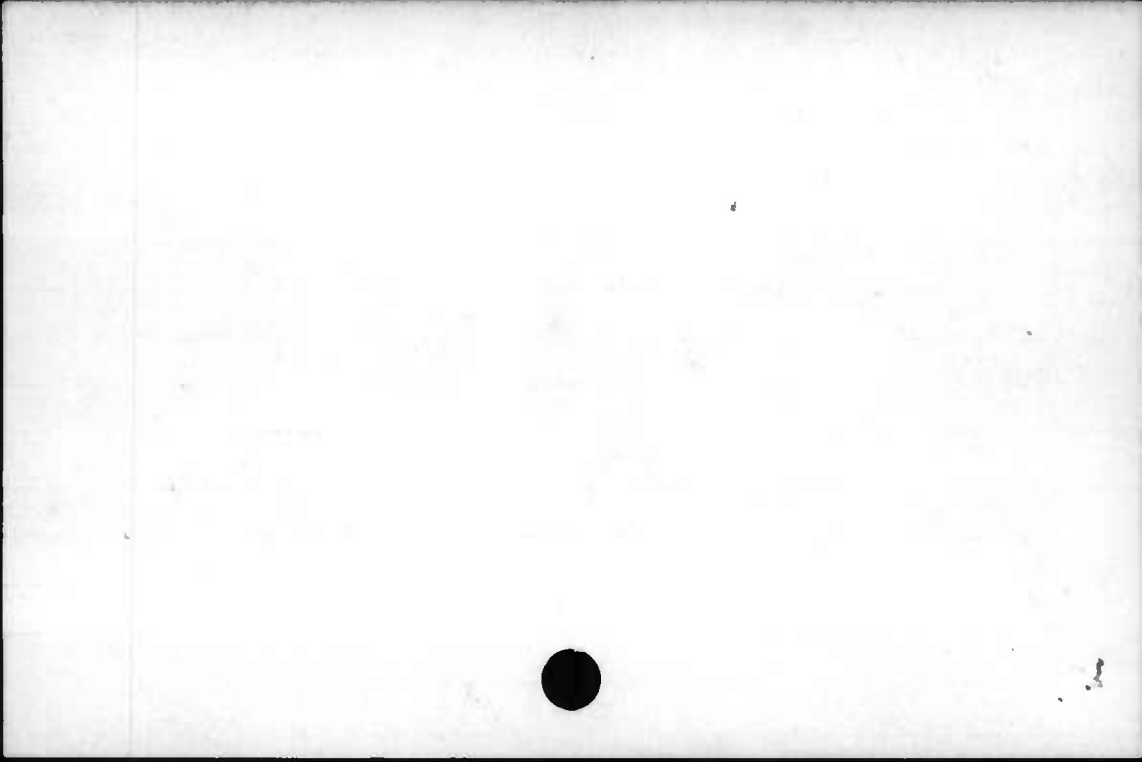
## CAUSES OF DEATH

Primary <i>Pulmonary Phthisis</i>	How long <i>18 months</i>
Immediate <i>Exhaustion</i>	How long <i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. W. [illegible]</i>
<i>Stein</i>	Address <i>Brunel [illegible]</i>
Accident or Suicide? <i>St. Peter's [illegible]</i>	<i>may [illegible]</i>

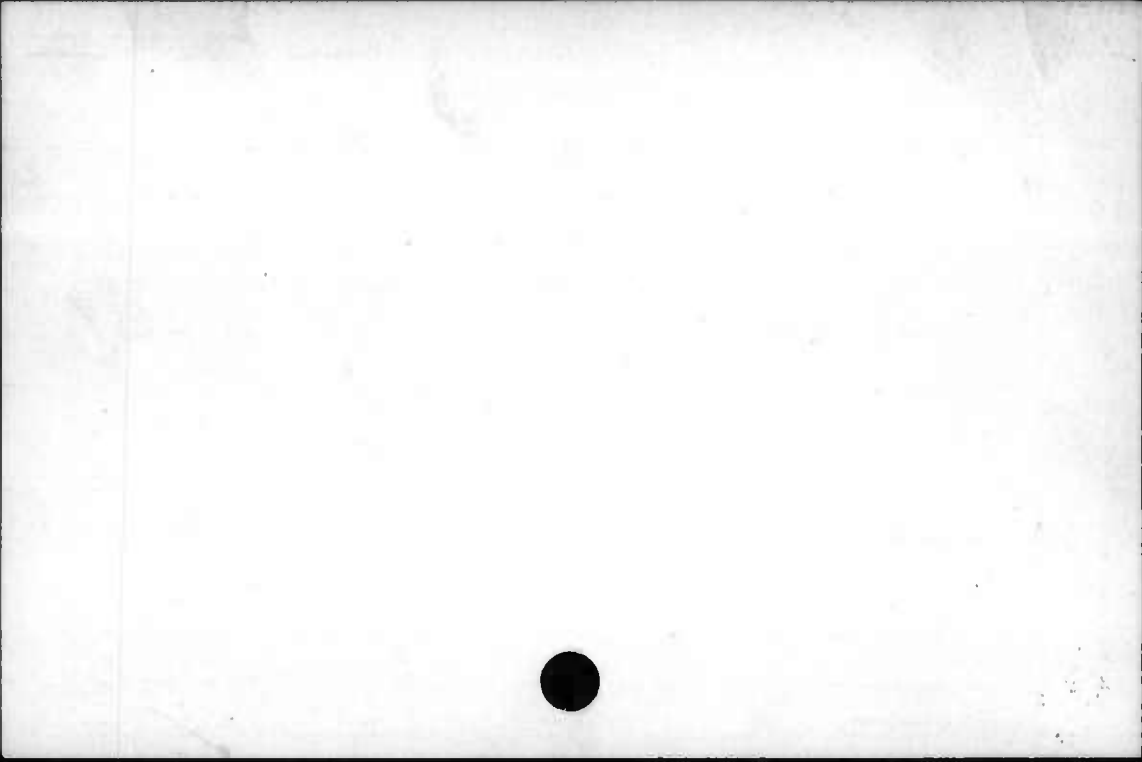
PHYSICIAN  
OR CORONER



Name in Full		(Stillborn)		Thompson		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		St. Cumbern		County		MARYLAND	
	Date of death		1905		Month		Jan	
			Day		15		Age	
			Years		—		Months	
			Days		1			
	Sex		Male		Color or Race		White	
	Birth-place		S. Cumbern		Occupation		—	
				Where Residing if not at place of death		—		
Married, Single or Widowed		—		Name of Wife or Husband		—		
Father's Name		J. C. Thompson		Father's Birthplace		Pa		
Mother's Maiden Name		Hattie Leavins		Mother's Birthplace		Pa		
Name of person giving information		Father		How related to deceased		Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Stillborn		How long			
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. H. Broadbent	
					Address		9804 Ave	
	Accident or Suicide?		No				Cumbern and Md.	



Name in Full		Annie Corard Turner				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		1905	Month	Jan	Day	19	
	Age		54		Years	10		
	Sex		Female		Color or Race	White		
	Birthplace		W Va.					
	Occupation		Housewife		Where Residing if not at place of death			
	Married, Single or Widowed		Married		Name of Wife or Husband			
Father's Name		Sheeh-				Father's Birthplace	-	
Mother's Maiden Name		Sheeh-				Mother's Birthplace	-	
Name of person giving information		Edythe Turner				How related to deceased	Daughter	
CAUSES OF DEATH								
PHYSICIAN OF CORONER	Primary		La grippe		10		How long	2 weeks
	Immediate		Meningitis		5		How long	5 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. H. Broadrup	
					Address		Cumberland Md.	
	Accident or Suicide?		No					





Name  
in  
Full

## CERTIFICATE OF DEATH

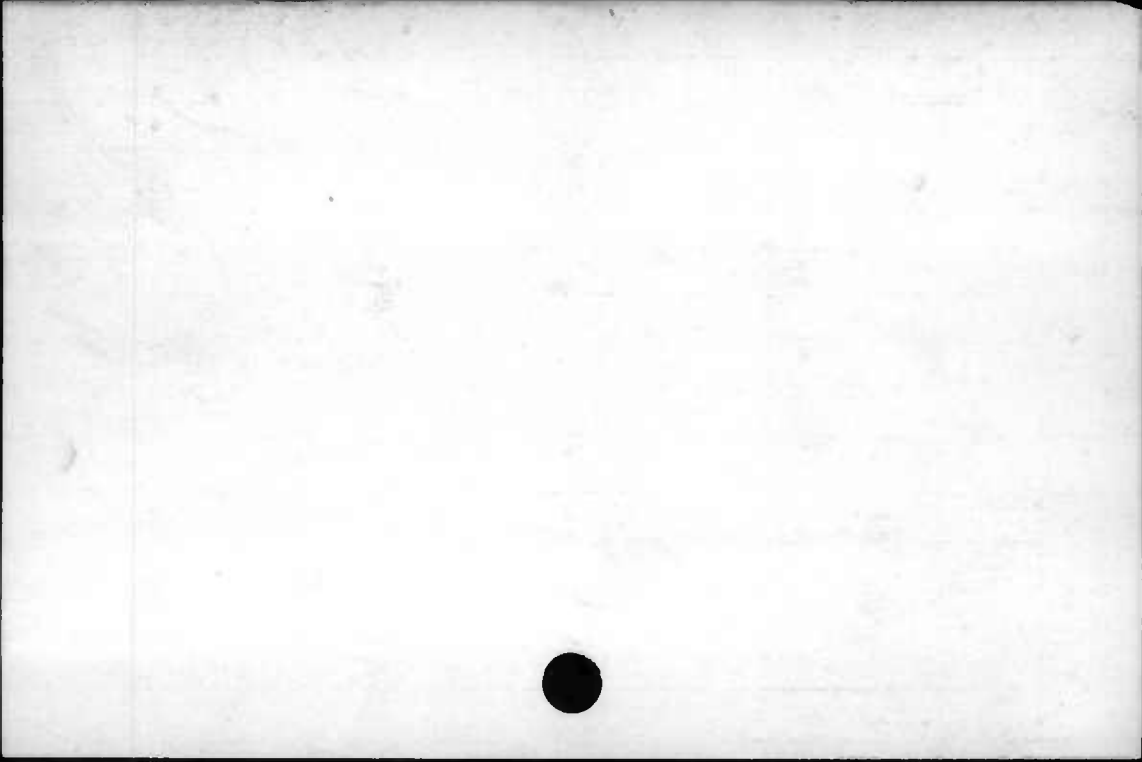
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> - <i>Seager</i> County		MARYLAND			
Date of death <i>1905</i>	Month <i>1</i>	Day <i>30</i>	Age <i>86</i>	Months <i>1</i>	Days <i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Catherine Reichman</i>				
Father's Name <i>Asa Swigg</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Do not know</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>—</i>	How related to deceased <i>—</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Inflammation of Bowels</i>	How long <i>14 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. F. Swigg</i>
	Address <i>Cumberland Md.</i>
<i>Accident or Suicide?</i>	



Name  
in  
Full

Clarence Wade

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Shaff</u> <sup>Town</sup>		<u>Allegheny</u> <sup>County</sup>			
Date of death 190 <u>5</u>	<u>7</u> <sup>Month</sup>	<u>30</u> <sup>Day</sup>	Age <u>2</u> <sup>Years</sup>	<u>2</u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Shaff</u>		
Married, Single or Widowed <u></u>			Occupation <u></u>		
Name of Wife or Husband <u></u>					
Father's Name <u>James Waid</u>			Father's Birthplace <u>Crispton</u>		
Mother's Maiden Name <u>Dorothy Murrel</u>			Mother's Birthplace <u>Shaff</u>		
Name of person giving information <u>M. W. Jacobs</u>			How related to deceased <u>no</u>		

CAUSES OF DEATH

PHYSICIAN  
OR  
CORONER

Primary <u>Pneumonia</u>	<u>93</u>	How long <u>4 days</u>
Immediate <u></u>		How long <u></u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. F. L. Chase</u>	
	Address <u>Middlebush</u>	
Accident or Suicide?	<u>no</u>	

J. F. & Und Co

Name  
in  
Full

## CERTIFICATE OF DEATH

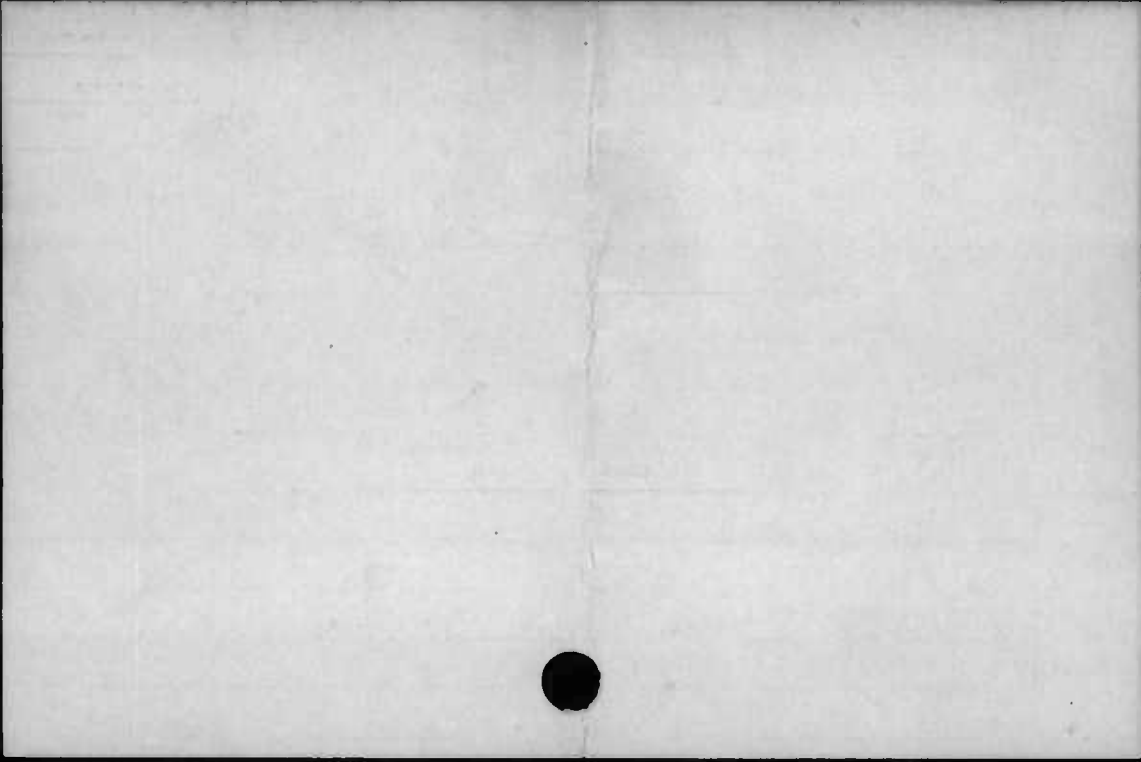
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>allany</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>6</i>	Age <i>15</i>	Years	Months <i>10</i>	Days <i>14</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Lh. Va</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband				
Father's Name <i>Joe Halber</i>			Father's Birthplace <i>Lh. Va</i>				
Mother's Maiden Name <i>Sarah Little</i>			Mother's Birthplace <i>La</i>				
Name of person giving information <i>Geo Halber</i>			How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright disease</i>	How long <i>8 months</i>
Immediate <i>15</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. J. Drake M.D.</i>
	Address <i>Cumberland Md</i>
Accident or Suicide?	



Name  
in  
Full

Daniel Wayler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

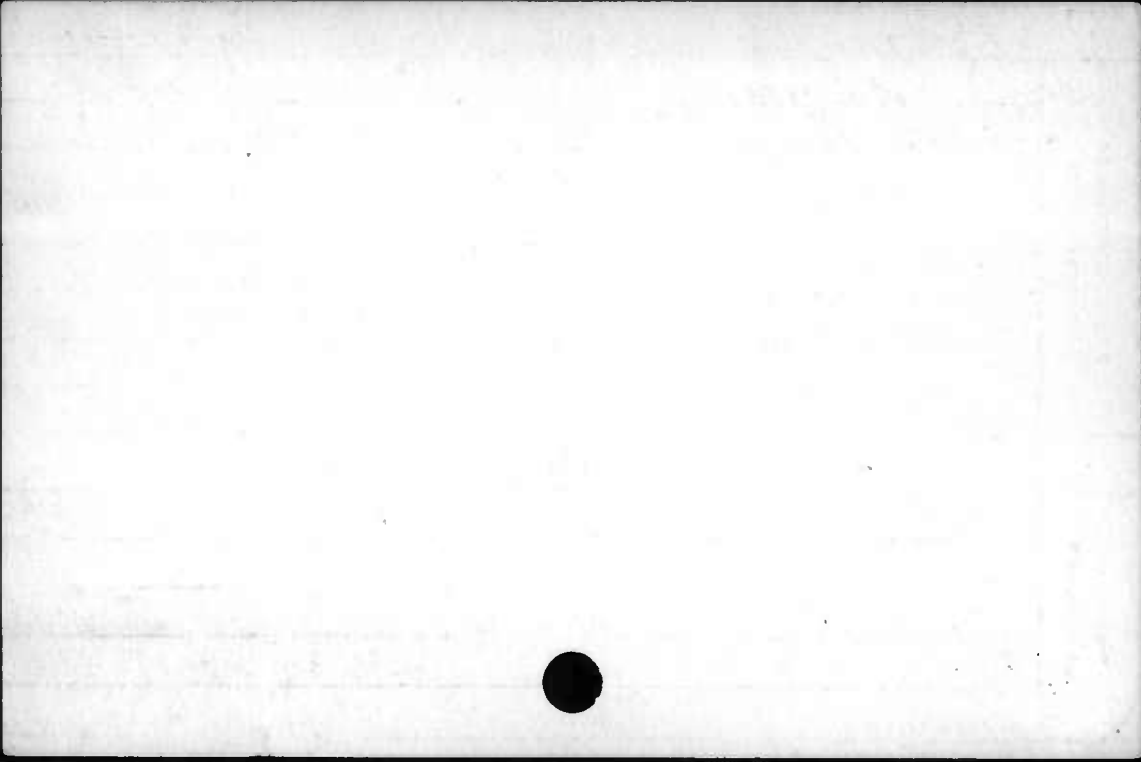
Died at <i>Rawlings</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death 190	<i>5</i> <small>Month</small>	<i>January</i>	<i>13</i> <small>Day</small>	<i>12</i> <small>Years</small>	<i>5</i> <small>Months</small>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Married, Single or Widowed	<i>Single</i>		Occupation	<i>School boy</i>	
Name of Wife or Husband	<i>Mary Susan Wayler</i>				
Father's Name	<i>John Thomas Wayler</i>			Father's Birthplace	<i>Allegheny Co Md</i>
Mother's Maiden Name	<i>Mary Susan Lease</i>			Mother's Birthplace	<i>Monroe Co W. Va</i>
Name of person giving information	<i>Mary L. Lease</i>			How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	<i>93</i>	How long	<i>two weeks</i>
Immediate				
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. R. L. ...</i>	
		Address	<i>...</i>	
Accident or Suicide?	<i>No</i>			

*E. W. C. ... Sub Registrar*





Name  
in  
Full

Mary ann Watkins

CERTIFICATE OF DEATH

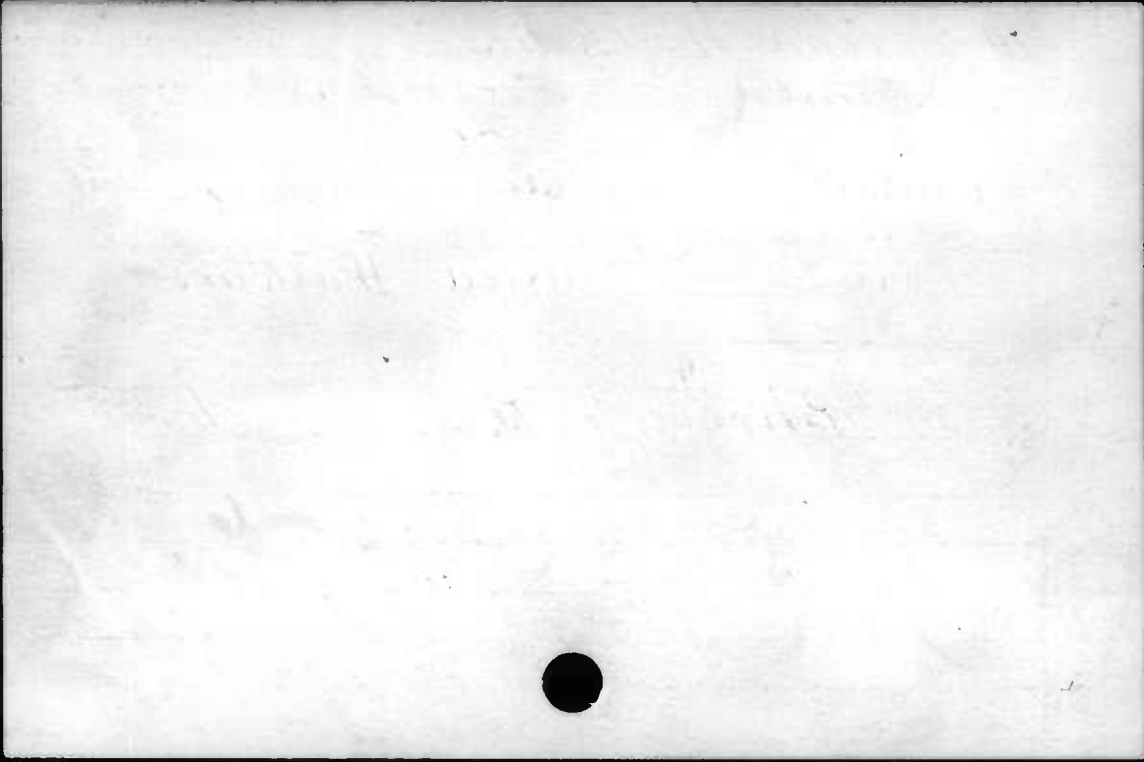
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Jan	8	56			
Sex	Female		Color or Race	White		Birth-place	England
Occupation	Wife			Where Residing if not at place of death			-
Married, Single or Widowed	married		Name of Wife or Husband	Alfred Watkins			
Father's Name	-					Father's Birthplace	
Mother's Maiden Name	-					Mother's Birthplace	
Name of person giving information	Phoebe Watkins					How related to deceased	daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Inflammation of Kidneys	How long	6 or 8 weeks
Immediate	Uraemia	How long	4 or 5 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. B. Blaylock	
Address		Dr. Blaylock	
Accident or Suicide?		No	
Rose Hill			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND		
Date of death		1905	Month	Day	Age	Years	Months	Days
Sex		Female		Color or Race		White		Birth-place
Occupation		Housewife		Where Residing if not at place of death		Lomax, Md.		
Married, Single or Widowed		Widowed		Name of Wife or Husband		Joseph Wehner.		
Father's Name		Albert Zacharias		Father's Birthplace		Germany		
Mother's Maiden Name		Cecilia		Mother's Birthplace		Germany		
Name of person giving information		Edward Wehner		How related to deceased		Son.		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senile debility	How long	Four or Five months
Immediate	Cardiac exhaustion	How long	Four
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		C. C. C. C. C.	
Address		Frostburg, Md.	
Accident or Suicide?		No	

77 C

Name  
In  
Full

David J. Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Frostburg		<sup>County</sup> Allegany		MARYLAND	
Date of death 1905	Month 1	Day 22	Age 79	Years	Months Days
Sex M.	Color or Race W.		Birthplace Wales		
Occupation Miner	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name David Williams	Father's Birthplace Wales				
Mother's Maiden Name Mary Phillips	Mother's Birthplace Wales				
Name of person giving information D. D. Williams	How related to deceased Son				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis	How long 9 IV	How long 7 Days
Immediate			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W. M. Lane		
	Address Frostburg Md.		
Accident or Suicide?			

G. J. M.

PHYSICIAN  
FOR CORONER

LIBRARY BUREAU A24516

6.5 Gayette St.

Stem



Name  
in  
Full

David D Youngling

## CERTIFICATE OF DEATH

MARYLAND

Died at *Cumma* TownCounty *Allegheny*Date of death *1905 Jan*

Month

Day *5*

Age

Years *30*

Months

Days

Sex *male*Color or  
Race *white*Birth-  
place *Shephards Town*Occupation *Laborer*Where Residing if not  
at place of death *—*Married, Single  
or Widowed *married*Name of Wife or  
Husband *Virginia Youngling*Father's  
Name *— Deceased*Father's  
BirthplaceMother's  
Maiden Name *Anna Thomas*Mother's  
BirthplaceName of person giving  
In formation *Anna Youngling*How related  
to deceased *Mother*

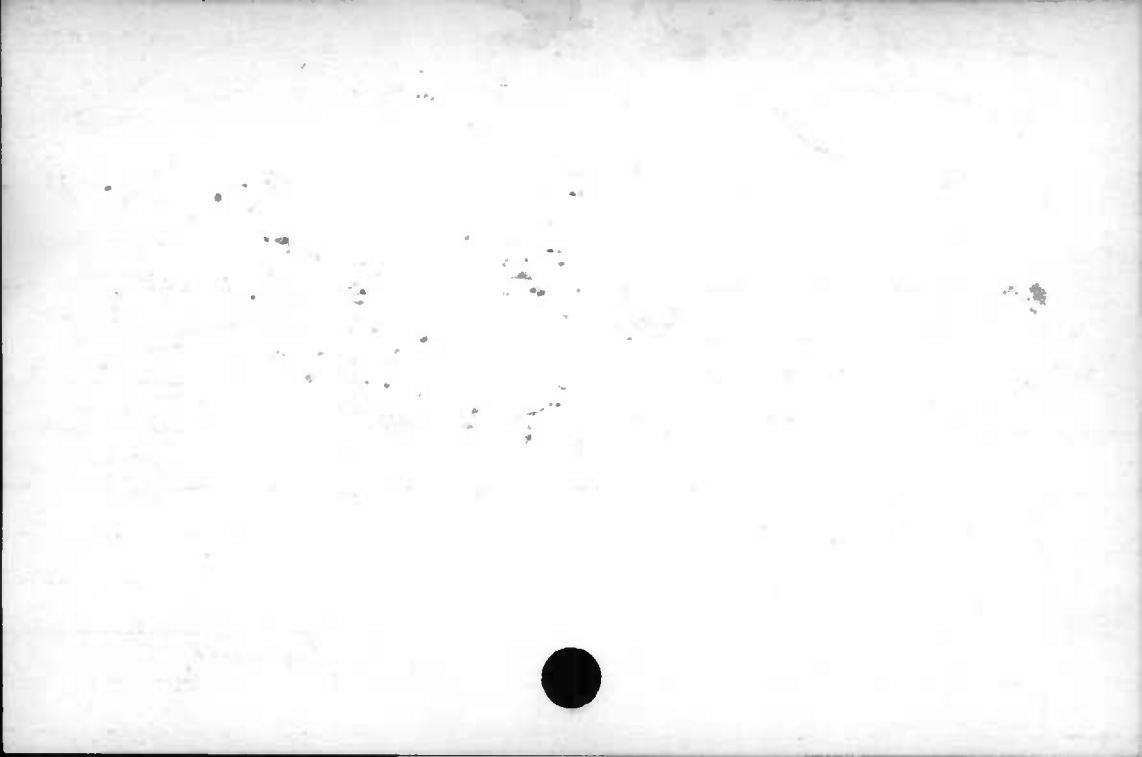
## CAUSES OF DEATH

Primary *Acute Otitis Media*How long *24 hrs*Immediate *Meningitis*How long *24 hrs*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician *E. L. Jones*Address *Chamberland Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Infant Hugo Zieker  
 Died at East Town County

Date of death 1906 Jan Month 21 Day Age — Years Months — Days 1

Sex Male Color or Race White Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Hugo Zieker Father's Birthplace Germany

Mother's Maiden Name Annie Pfeiffer Mother's Birthplace Canada

Name of person giving information How related to deceased

## CAUSES OF DEATH

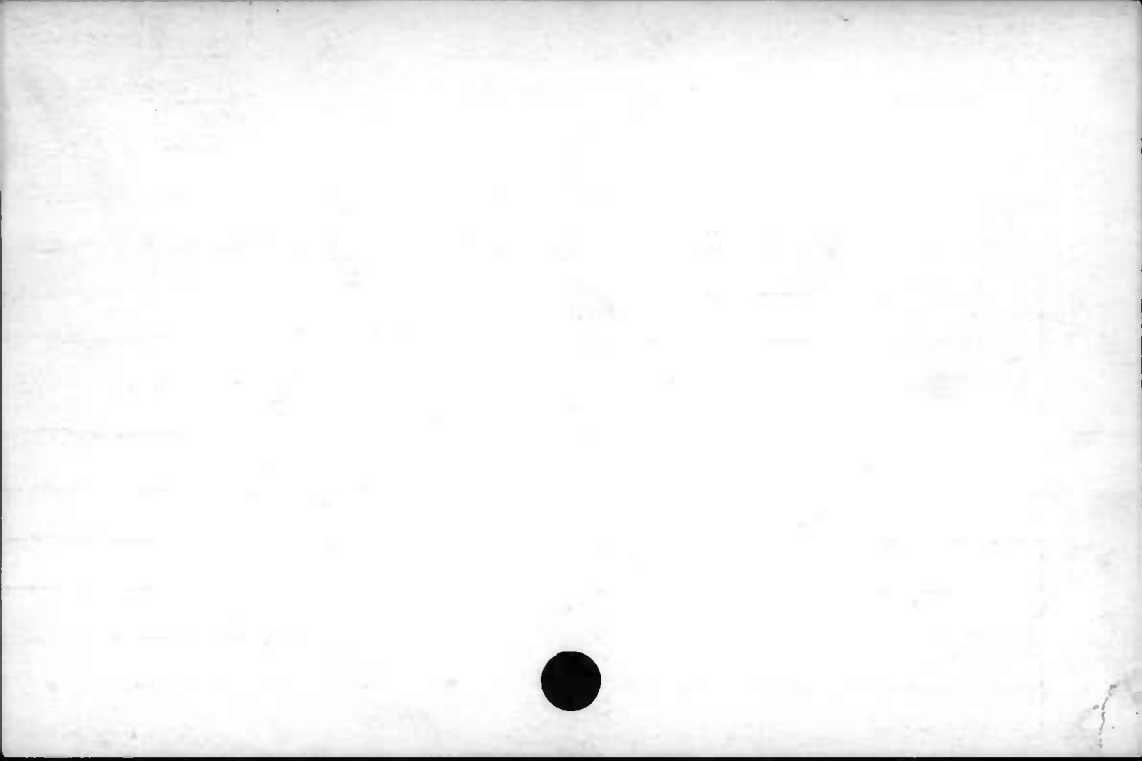
Primary Stillborn How long —

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician W. W. May

Address

Accident or Suicide? —



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>126</u> Town <u>Attentun</u> County <u>Attentun</u>			
Date of death <u>1905</u>	Month <u>1</u>	Day <u>26</u>	Years <u>35</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>                    </u>	
Occupation <u>                    </u>	Where Residing if not at place of death <u>                    </u>		
Married, Single or Widowed <u>                    </u>	Name of Wife or Husband <u>                    </u>		
Father's Name <u>                    </u>	Father's Birthplace <u>                    </u>		
Mother's Maiden Name <u>                    </u>	Mother's Birthplace <u>                    </u>		
Name of person giving information <u>                    </u>	How related to deceased <u>                    </u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <u>Killed by #8 train</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dennis E. O. Neal</u>
	Address <u>born brother of M. E. Coroner</u>
Accident or Suicide?	

